



NORFOLK COUNTY COUNCIL


Annual Report

of the

COUNTY MEDICAL OFFICER
FOR 1972

Norfolk County Council - Annual Report of County Medical Officer for 1972

ERRATUM : page 31 - Statement beneath Tetanus Vaccination statistics should
read "There was one reported case during the year".



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PREFACE

The estimated mid-1972 population of the administrative county rose by 7,840 to 453,750 or just over 1.7%, the usual level of former years, with the Municipal Boroughs increasing by 2%, the Urban Districts by 2.6% and the Rural Districts by 1.6%. The highest percentage was noted in Thetford which rose by 6.6%. Among the urban districts the greatest increase in population was reported by Wymondham. East Dereham and Downham Market also expanded to a noticeable degree. Turning to the rural districts, the greatest growth occurred, as to be expected, in St. Faith's and Aylsham and Blofield and Flegg, while at the other end of the scale the population of Smallburgh, unaccountably fell by 570, or nearly 3%.

The number of live births were down on last year and with an increase in the number of deaths, the excess of births over deaths (1,057) was at its lowest level for many years. The illegitimate birth rate, still birth rate, early neonatal mortality rate, neo-natal mortality rate, and perinatal mortality rate were all below the levels of 1971 but, although one fewer infant died under the age of one year, because of the fall in the number of births, the rate for 1972 was slightly above the 1971 figure while still below the national rate.

I am pleased to be able to report that arrangements for the attachment of nursing staff (midwives, district nursing sisters and health visitors) to individual general practices were completed during the year. We set out to do this as a deliberate operation with full prior consultation of all concerned and tailoring each attachment to local circumstances, rather than producing attachments throughout the county at one fell swoop with inadequate preparation. Inevitably there were reservations, sometimes on both sides, about the whole concept, and Miss Wearmouth, Director of Nursing Services, and Dr. Hunter, Senior Medical Officer, personally saw doctors and nurses in each group to discuss the implications of the new arrangements before they were introduced. This was a very time-consuming process for them, but one, which I am sure they would agree, was both necessary and worth while.

It is interesting to reflect that the early concern of the Local Medical Committee away back in 1965 was in the attachment of domiciliary midwives at a time when our home confinement rate was 45% of all births and the number of domiciliary births was over 3,000 per annum. Since then, fewer and fewer mothers are having their babies in their own homes to the extent that only 1,330 births or 20% of the total took place at home during 1972. Of those confined in hospital, more are being discharged home early to the care of the domiciliary midwife. However, although the scale of home confinements has been contracting, attachment has encouraged a closer working relationship between family doctors and other members of our domiciliary nursing staff. For example, a study of the relevant sections of the report will show that home nursing sisters are now carrying out more treatments in doctors' surgeries, while health visitors are becoming increasingly involved with the older age groups in contrast to their traditional pre-occupation with the under-fives.

Extensive preparations for the reorganisation of the ambulance service were completed for the introduction of a directly administered service in 1972. Much of the detail of the planning and the implementation fell to the Chief Ambulance Officer, Mr. G. A. Raby. After seeing the new arrangements through the difficult early days he retired later in the year after forty-five years' service with the department. In addition to holding a senior position in the health department he was known to a wider circle as an efficient, popular

secretary of the local branch of NALGO for thirty years. Many well deserved tributes were paid to him when he gave up office and the best wishes of his colleagues go with him for a long and happy retirement.

A major preoccupation of the year has been preparing for the impending health service reorganisation now getting uncomfortably near. The Government issued a White Paper outlining their decisions on the future administration of the unified national health service. These included, that in addition to the central Department, there should be two levels of management, at region and at area, with a unified administration at each covering the whole span of the National Health Service. The Regional Health Authorities by and large are to cover the same geographic areas as the present Regional Hospital Boards and will deal with regional planning, the design and construction of new buildings and the provision of certain regional services.

The Area Health Authorities will be co-terminous with the new counties and will be the fundamental units in the planning process. They will be responsible for planning and developing services in consultation with their matching local authorities and with the regional health authority.

The Area Health Authority will provide medical services and advice to the local education and social services departments of the new county and to the local authority district councils on environmental health matters. To achieve this end, two joint consultative committees have to be set up, one dealing with environmental matters and housing, the other with personal social services and the school health service. It is recognised that in unifying the health services outside local government, a gap will be formed between them and the social services. It is vitally important, therefore, that strong links are developed between the two services in view of their joint concern with such major problems as the care of the elderly, the handicapped, the mentally ill and the mentally handicapped.

The day-to-day running of the health services will be based on health districts, forming the natural community for the planning and provision of comprehensive health care and each containing at least one district general hospital or its equivalent.

Further publications received included the Report of the Working Party on Medical Administrators (The Hunter Report), which spelt out the role of the community medicine specialist at regional and area levels and the status and functions of the district community physician, the report "Management Arrangements for the Reorganised National Health Service" (The Grey Book), and the National Health Service Reorganisation Bill which, partly because of a difference of opinion between the houses of Lords and Commons on the question of the provision of free contraceptives under the new Act, did not receive Royal Assent until the time of writing this Foreword.

More recently there has been issued a full and detailed report from the Working Party on Collaboration between the National Health Service and Local Government on its activities up to the end of 1972. Advice is given on the need for co-operation in the fields of environmental health, personal social services and the school health service and how it can be achieved, including the sharing of professional skills.

During the summer, joint liaison committees were set up at area and regional level to carry out a great deal of the preparatory work required, short of pre-empting decisions, in advance of the setting up of the new authorities. Much information had to be collated and responsibility for this was delegated to

special working parties, dealing with such matters as staff, physical resources and finance. A detailed area profile had to be prepared and area joint liaison committees were given the task of making proposals for health districts in their area. In the case of Norfolk it was proposed that there should be districts based on King's Lynn and Norwich and it was agreed that there should be a further district based on the proposed district general hospital in Great Yarmouth but, as the catchment population would be finely balanced between Norfolk and Suffolk, no decision has yet been made on the area to which it should be allocated.

An indication of the far reaching effects, locally, of national health service reorganisation can be judged from the fact that the staff carrying out the personal health functions of no fewer than eleven existing statutory bodies will be transferred to make up the personnel of the Norfolk Area Health Authority and its contained health districts.

We are all saddened by the great loss we sustained during the year by the death of Mr. F. G. Jackson, the chairman of the health committee. Mr. Jackson joined the Council in 1952 and was appointed to the health committee, being elected vice-chairman in 1958 and chairman in 1966. Mr. Jackson had many interests in the health field, being chairman of both the Norfolk Executive Council and the King's Lynn Hospital Management Committee, as well as being a member of the East Anglian Regional Hospital Board and the St. Andrew's and Hellesdon Hospital Management Committee. A champion of health department services and a good friend of the staff, Mr. Jackson will be greatly missed.

Mrs. L. Nickerson, the vice-chairman of the health committee, succeeded as chairman.

In conclusion, I would again express my thanks to members of the health committee for their continued support and to the voluntary bodies and many others for their contribution towards the health of the community. My thanks are also due to all members of the health department for their loyal support and to the chief officers and staff of other County Council departments for their helpful co-operation at all times.

A. G. SCOTT

Health Department
County Hall
Martineau Lane
Norwich, NOR 48A
Telephone: Norwich 22288

July, 1973

STAFF

County Medical Officer and Principal School Medical Officer:

A. G. SCOTT, M.B., Ch.B., M.F.C.M., D.P.H.

Deputy County Medical Officer and Deputy Principal School Medical Officer:

I. C. BRANNEN, M.B., Ch.B., M.R.C.P.E., M.F.C.M., D.P.H.

Senior Medical Officers:

A. N. HUNTER, M.B., Ch.B., M.F.C.M., D.P.H.

A. S. LINDSAY, M.B., Ch.B., M.F.C.M., D.P.H.

Assistant Senior Medical Officer:

C. H. B. LAWFIELD, M.A., M.R.C.S., L.R.C.P.

County Departmental Medical Officers and District Medical Officers of Health:

J. McD. HANLEY, L.R.C.P., L.R.C.S., L.R.F.P. & S., M.F.C.M., D.P.H.

R. D. HARLAND, M.R.C.S., L.R.C.P., D.T.M. & H., D.P.H.

G. R. HOLTBY, M.D., M.F.C.M., D.P.H., D.I.H.

LYDIA McMURDO, M.R.C.S., L.R.C.P., M.F.C.M., D.P.H.

L. G. POOLE, M.B., Ch.B., M.F.C.M., D.T.M. & H., D.P.H.

Departmental Medical Officers:

Full-time

E. J. APPEGATE, M.B., B.S., D.Obst.R.C.O.G.

SYBIL E. CATOR, M.B., Ch.B.

E. B. PHILLIPS, M.B., B.Ch., B.Sc.

JUDITH C. R. WARDLE, M.B., B.S., D.Obst.R.C.O.G. (to 18.8.72)

KATHERINE B. WORLEY, M.B., Ch.B., D.P.M.

Part-time

PAMELA L. C. BAVIN, M.B., Ch.B., D.Obst.R.C.O.G.

CHRISTINE R. COUPLAND, M.B., Ch.B.

ELIZABETH M. ELLIOTT, M.B., B.Ch., B.A.O.

J. D. FRASER, M.D., D.P.M. (from 3.1.72)

DOROTHEA M. HOOPER, M.B., B.S.

PAMELA HUNTER, M.B., B.S., D.P.H.

BARBARA I. JOHNSON, M.B., Ch.B., D.Obst.R.C.O.G.

MARGARET C. RICHARDS, M.B., B.S.

A. S. ROBERTSON, M.B., Ch.B.

EILEEN M. STEELE, M.B., B.S.

Chest Physicians:

G. F. BARRAN, B.A., M.D.

A. H. C. COUCH, M.D., M.R.C.P., D.C.H.

Chief Dental Officer:

N. J. ROWLAND, L.D.S., R.C.S. (Edin.)

Area Dental Officers:

EDITH P. CHURCHYARD, L.D.S., R.C.S. (Eng.)

J. L. TAYLOR, L.D.S., R.C.S. (Edin.)

A. M. WILSON, T.D., L.D.S., R.C.S. (Edin.)

S. H. WOONTON, L.D.S., R.C.S. (Eng.)

Dental Officers:

Full-time

RUTH M. ALLTON, B.D.S.

B. BOYD-COOPER, M.R.C.S., L.R.C.P., L.D.S., R.C.S. (Eng.)

L. W. BROCKHURST, B.D.S.

IRENE COLLARD, L.D.S.

D. A. DICKIE, B.D.S., L.D.S. (to 31.12.72)

E. V. DOWNES, L.D.S., R.C.S. (Eng.) (from 4.12.72)

J. GEMMELL, L.D.S., R.F.P.S. (Glas.) (to 10.8.72)

A. C. MacLEOD, L.D.S., R.C.S. (Edin.)

C. E. MORRIS, B.D.S., L.D.S., R.C.S. (Eng.) (from 1.3.72)

P. J. PEARCE, B.D.S. (to 29.2.72)

R. SHARP, L.D.S., R.C.S. (Eng.)

MARGARET WILSON, L.D.S., R.C.S. (Edin.)

Part-time

G. N. W. BOOTH, L.D.S., R.C.S. (Eng.)

DEIRDRE A. CUBITT, B.D.S., L.D.S., R.C.S. (Eng.)

Director of Nursing Services:

MISS M. WEARMOUTH, S.R.N., S.C.M., H.V.Cert., Q.N.

Divisional Nursing Officer:

MISS G. A. THOMPSON, S.R.N., S.R.F.N., S.C.M., H.V.Cert., Q.N.

Area Nursing Officers:

MISS D. M. BURRELL, S.R.N., S.C.M., H.V.Cert., Q.N.

MISS H. M. H. LONGHURST, S.R.N., S.C.M., H.V.Cert., Q.N.

MISS D. M. SIMMONS, S.R.N., S.C.M., H.V. Cert., Q.N.

MISS M. WELLS, S.R.N., S.C.M., H.V. Cert., Q.N.

County Public Health Inspector:

A. J. ALLISON, C.S.I.B., Meat and Food Inspector's Cert.

Assistant County Public Health Inspector:

A. C. COOPER, C.S.I.B.

Chief Administrative Officer:

R. A. G. HARPER

Senior Administrative Officers:

J. A. BUSSEY, D.M.A.

A. E. SCRUBY, A.C.I.S.

R. H. YATES

Chief Ambulance Officer:

G. A. RABY (to 6.11.72)
L. M. CAPLE, A.I.A.O., M.I.A.I. (from 1.5.72)

Deputy Chief Ambulance Officer:

M. HANDY, G.I.A.O., M.I.A.I. (from 1.7.72)

Chief Chiropodist:

C. FLEMING, M.Ch.S. (from 1.4.72)

Senior Chiropodists:

L. W. BATTRICK, L.Ch.
J. F. BEVAN, M.Ch.S.
L. EDEN-MORRIS, M.Ch.S.
G. E. PENNEY, M.Ch.S.
R. READER-PARKES, M.Ch.S.
J. S. WESTLAKE, L.Ch. (from 1.8.72)
I. WOODING, M.Ch.S.
MRS. G. M. DOLE, M.Ch.S. (from 14.12.72)

Health Education Officer:

MISS G. HOOLEY

County Analyst:

ERIC C. WOOD, Ph.D., A.R.C.S., F.R.I.C.

I. STATISTICS AND SOCIAL CONDITIONS OF THE ADMINISTRATIVE COUNTY

Acreage..	1,301,014
Population—Estimated by Registrar-General (mid-1972)	..							453,750
Estimated Product of New Penny Rate for General Purposes (1972-73)	£155,205
Rateable Value for General Purposes (1st April, 1972)						£15,916,611
Live Births								
Number	6,694
Rate per 1,000 population	14.8
Illegitimate Live Births (per cent of total live births)						6.1
Still Births								
Number	81
Rate per 1,000 total live and still births	12.0
Total Live and Still Births	6,775
Infant Deaths (deaths under one year)	108
Infant Mortality Rates								
Total infant deaths per 1,000 total live births	16.1
Legitimate infant deaths per 1,000 legitimate live births	15.6
Illegitimate infant deaths per 1,000 illegitimate live births	24.3
Neo-Natal Mortality Rate (deaths under four weeks per 1,000 total live births)	10.5
Early Neo-Natal Mortality Rate (deaths under one week per 1,000 total live births)	9.0
Perinatal Mortality Rate (still births and deaths under one week combined per 1,000 total live and still births)	20.8
Maternal Mortality (including abortion)								
Number	Nil
Rate per 1,000 live and still births	—

Live Births

6,694 live births were registered giving a rate of 14.8 which was 0.9 lower than for the previous year. With the application of the comparability factor (1.05) the resultant figure is 15.5. The national rate was 14.8

There were 411 illegitimate live births in 1972 comprising 6.1 % of all live births which is 0.3 % lower than the figure for the previous year.

The distribution of births amongst the county districts is shown in Table 1.

Still Births

The still birth rate of 12.0 is 0.5 lower than the rate for the previous year. The national rate was 12.

BIRTHS AND INFANTILE MORTALITY

TABLE 1

County district	Population 30.6.72	Live births			Stillbirths			Deaths of infants under 1 year of age			Deaths of infants under 4 wks. of age			Deaths of infants under 1 wk. of age		
		Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total
MUNICIPAL BOROUGHS																
King's Lynn	30,220	407	35	442	7	1	8	3	1	4	—	1	1	—	1	1
Thetford	14,530	248	15	263	2	—	2	6	—	6	4	—	4	4	—	4
	44,750	655	50	705	9	1	10	9	1	10	4	1	5	4	1	5
URBAN DISTRICTS:																
Cromer	5,380	67	11	78	—	—	—	—	1	1	—	1	1	—	1	1
Diss	4,600	50	3	53	1	—	1	1	—	1	1	—	1	1	—	1
Downham Market	3,830	50	6	56	2	—	2	—	—	—	—	—	—	—	—	—
East Dereham	9,650	129	9	138	—	—	—	2	1	3	2	1	3	2	—	2
Hunstanton	4,090	34	7	41	1	—	1	1	—	1	1	—	1	1	—	1
North Walsham	6,620	86	5	91	2	1	3	1	—	1	—	—	—	—	—	—
Sheringham	4,770	36	6	42	1	—	1	1	1	2	1	—	1	1	—	1
Swaffham	4,320	52	7	59	—	—	—	3	—	3	2	—	2	2	—	2
Wells-next-the-Sea	2,340	18	4	22	1	—	1	—	—	—	—	—	—	—	—	—
Wymondham	8,910	179	9	188	1	—	1	3	—	3	1	—	1	—	—	—
	54,510	701	67	768	9	1	10	12	3	15	8	2	10	7	1	8
RURAL DISTRICTS:																
Blofield and Flegg	44,340	578	37	615	9	—	9	7	—	7	6	—	6	6	—	6
Depwade	20,640	369	13	322	8	—	8	5	—	5	4	—	4	4	—	4
Docking	16,530	189	18	207	2	—	2	5	—	5	4	—	4	4	—	4
Downham	24,320	396	22	418	1	—	1	7	1	8	5	—	5	5	—	5
Erpingham	18,960	166	21	187	4	—	4	3	1	4	1	—	1	1	—	1
Forehoe and Henstead	34,250	434	23	457	4	—	4	11	—	11	9	—	9	4	—	4
Freebridge Lynn	14,710	187	10	197	2	1	3	2	—	2	1	—	1	1	—	1
Loddon	13,960	167	25	192	—	—	—	2	1	3	1	1	2	1	1	2
Marshland	17,590	259	14	273	3	1	4	5	—	5	2	—	2	2	—	2
Mitford and Launditch	18,420	276	12	288	3	—	3	6	1	7	5	1	6	5	1	6
St. Faith's and Aylsham	61,700	908	42	950	11	1	12	6	1	7	4	1	5	3	—	3
Smallburgh	19,360	240	13	253	—	1	1	3	—	3	1	—	1	1	—	1
Swaffham	10,700	184	9	193	4	—	4	2	—	2	—	—	—	—	—	—
Walsingham	17,920	258	23	281	3	—	3	4	—	4	2	—	2	2	—	2
Wayland	21,090	376	12	388	3	—	3	9	1	10	7	—	7	6	—	6
	354,490	4,927	294	5,221	57	4	61	77	6	83	52	3	55	45	2	47
ADMINISTRATIVE COUNTY	453,750	6,283	411	6,694	75	6	81	98	10	108	64	6	70	56	4	60

Infantile Mortality

There were 108 deaths of children under the age of one year. The resultant rate of 16.1 shows an increase of 0.6 on the previous year, but is lower than the national figure of 17.0.

Seventy deaths occurred during the first four weeks of life and, of these, sixty took place during the first week.

Perinatal Mortality

The perinatal mortality rate is defined as the number of still births and deaths in infants under one week per 1,000 total live and still births.

The perinatal mortality rate in this county for 1972 (20.8) shows a decrease on the figure for 1971 (22.5). The national rate was 22.

The figures compiled in this department, with the place of birth, are given below:

Place of Birth				Still Births	Early Neo-natal Deaths	Total
Home	6	6	12
Hospital	74	53	127
General practitioner unit	..			—	3	3
				80	62	142

Maternal Mortality

There were no maternal deaths.

Deaths

During 1972 there were 5,637 deaths and the death rate (12.4) per 1,000 of the estimated population was 0.5 higher than in the previous year. The application of the comparability factor of 0.82 gives a rate of 10.0. The rate for England and Wales was 12.1.

51 % of the deaths were of persons seventy-five years of age or over.

The cancer death rate per 1,000 of the population was 2.56 and the age distribution of deaths was as follows:

	0—	1—	5—	15—	25—	35—	45—	55—	65—	75—	Total
Males	—	3	4	2	4	14	45	127	250	170	619
Females	—	1	1	1	4	19	47	127	149	193	542
	—	4	5	3	8	33	92	254	399	363	1,161

The following figures show the relation of deaths from cancer of the lung and bronchus to total cancer deaths during the last decade:

Year	Cancer death rate per 1,000 population				Lung and bronchus— % of all cancer deaths
1963	2.02	18.12
1964	2.16	20.69
1965	2.11	22.82
1966	2.10	22.57
1967	2.25	22.58
1968	2.26	21.68
1969	2.25	22.08
1970	2.31	25.02
1971	2.45	22.25
1972	2.56	23.51

There were nine deaths from tuberculosis, three due to respiratory forms of the disease.

The following table shows, as percentages of all deaths, the deaths in various age groups during the last twenty years:

Year	Deaths by Age Groups									
	0—	1—	5—	15—	25—	35—	45—	55—	65—	75—
1953	3.5	0.6	0.7	1.0	4.3		17.1		24.4	48.4
1954	2.7	0.5	0.7	1.6	2.9		16.4		25.9	49.1
1955	2.4	0.4	0.5	0.9	3.1		16.8		25.7	50.2
1956	2.3	0.4	0.5	1.2	2.8		16.6		25.6	50.6
1957	2.9	0.4	0.5	1.1	2.7		17.8		24.6	50.0
1958	2.5	0.3	0.6	1.2	2.4		17.2		24.8	51.0
1959	2.5	0.4	0.6	0.8	2.7		16.5		25.2	51.3
1960	2.2	0.4	0.5	1.1	2.7		17.9		24.0	51.2
1961	2.6	0.4	0.6	0.8	2.5		16.2		23.5	53.4
1962	1.9	0.2	0.6	1.0	2.3		18.0		24.2	51.8
1963	2.1	0.3	0.4	0.8	0.8	1.8	4.9	12.7	24.2	52.0
1964	2.2	0.2	0.5	1.0	0.8	1.9	4.5	13.0	23.5	52.4
1965	2.1	0.3	0.3	0.7	0.8	1.9	4.4	13.0	25.2	51.3
1966	2.2	0.4	0.5	1.3	0.9	1.7	5.3	12.9	23.2	51.6
1967	2.2	0.4	0.4	0.6	0.7	1.6	5.0	13.1	25.9	50.1
1968	1.8	0.5	0.3	0.8	0.9	1.6	4.2	12.7	24.4	52.8
1969	2.1	0.3	0.3	1.1	0.6	1.5	4.8	12.8	26.3	50.2
1970	1.9	0.3	0.5	1.0	0.6	1.8	4.4	13.1	27.4	49.0
1971	2.0	0.3	0.5	0.8	0.7	1.7	4.2	12.3	27.7	49.8
1972	1.9	0.3	0.5	0.8	1.0	1.4	4.1	12.2	26.8	51.0

II. AREA ADMINISTRATION

The post of county departmental medical officer and district medical officer of health, area No. 6, has not been filled and arrangements continued for the medical officers in the adjoining areas No. 4 and No. 5 to undertake an additional 1½ sessions weekly in respect of district medical officer of health duties. The county departmental medical officer’s duties continued to be carried out by existing medical staff.

In May, the senior clerk in charge of the day-to-day administration of area No. 4 died suddenly and the vacancy was filled by the senior clerk, area No. 1, based at Aspland Road, Norwich. As a result, it was decided that the administrative and clerical staff of the two areas 1 and 5, both operating from Aspland Road, be combined with one senior clerk in charge to provide a more economic and efficient administrative structure.

The medical administration of the areas involved was unaffected by these changes.

DEATHS BY AREAS AND AGE GROUPS

TABLE 2

Cause of death	Municipal Boroughs		Urban Districts										Rural Districts														Total	Age at death													
	King's Lynn	Thetford	Cromer	Diss	Downham Market	East Dereham	Hunstanton	North Walsham	Sheringham	Swaffham	Wells-next-the-Sea	Wymondham	Blofield and Flegg	Depwade	Docking	Downham	Eringham	Forehoe and Henstead	Freebridge Lynn	Loddon	Marshland	Mitford and Launditch	St. Faith's and Aylsham	Smallburgh	Swaffham	Walsingham		Wayland	Under 4 weeks	4 weeks and under 1 year	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-		
Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid fever .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Bacillary dysentery and amoebiasis .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Enteritis and other diarrhoeal diseases .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Tuberculosis of respiratory system .. .	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Other tuberculosis, inc. late effects .. .	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Plague .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Diphtheria .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Whooping cough .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Streptococcal sore throat and scarlet fever .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Meningococcal infection .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Acute poliomyelitis .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Smallpox .. .	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Measles .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Typhus and other rickettsioses .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Malaria .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Syphilis and its sequelae .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
All other infective and parasitic diseases .. .	—	—	1	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Malignant neoplasm—buccal cavity and pharynx .. .	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Malignant neoplasm—oesophagus .. .	2	—	—	—	—	—	—	—	—	—	—	—	6	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Malignant neoplasm—stomach .. .	11	4	4	2	1	3	1	1	3	1	2	4	5	4	6	9	2	3	5	5	3	5	12	3	1	7	1	108	—	—	—	—	—	—	—	—	—	—	—		
Malignant neoplasm—intestine .. .	13	4	8	2	3	4	1	6	2	3	1	2	11	3	5	6	6	15	10	5	4	7	19	8	7	6	4	165	—	—	—	—	—	—	—	—	—	—	—		
Malignant neoplasm—larynx .. .	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	—	—	—	—	—	—	—	—	—	—	—		
Malignant neoplasm—lung bronchus .. .	23	7	3	1	4	6	—	5	5	4	1	4	29	15	6	16	18	13	10	13	7	14	32	9	13	11	4	273	—	—	—	—	—	—	—	—	—	—	—		
Malignant neoplasm—breast .. .	9	2	1	2	1	1	2	4	2	—	—	5	13	3	4	2	11	7	5	3	4	4	24	3	—	—	—	117	—	—	—	—	—	—	—	—	—	—	—		
Malignant neoplasm—uterus .. .	3	1	—	—	—	—	—	—	—	—	—	—	4	—	2	4	2	1	1	3	2	11	1	1	—	—	—	47	—	—	—	—	—	—	—	—	—	—			
Malignant neoplasm—prostate .. .	2	—	—	—	—	—	—	—	—	—	—	—	2	2	7	3	4	3	—	—	3	5	10	2	—	—	—	55	—	—	—	—	—	—	—	—	—	—			
Leukaemia .. .	1	—	—	—	—	—	—	—	—	—	—	—	4	4	1	3	2	—	—	—	—	—	—	—	—	—	—	28	—	—	—	—	—	—	—	—	—	—			
Other malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissue .. .	21	2	8	—	5	5	5	7	3	1	2	5	35	21	17	11	17	20	5	10	9	16	38	15	7	6	14	305	—	—	3	2	3	6	15	22	78	96	80		
Benign neoplasms and neoplasms of unspecified nature .. .	2	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12	—	—	—	—	—	—	—	—	—	—			
Diabetes mellitus .. .	3	2	—	—	—	—</																																			

Local Health Area	County District Councils	Popula- tion (esti- mated mid- 1972)	Area popula- tion	Medical Officers' weekly sessions	
				County Council	County District Councils
1	North Walsham Urban .. Blofield & Flegg Rural .. Smallburgh Rural ..	6,620 44,340 19,360	70,320	5½	4½
2	Cromer Urban Sheringham Urban .. Erpingham Rural .. St. Faith's & Aylsham Rural	5,380 4,770 18,960 61,700	90,810	4½	5½
3	East Dereham Urban .. Mitford & Launditch Rural Hunstanton Urban .. Wells-next-the-Sea Urban Docking Rural .. Walsingham Rural ..	9,650 18,420 4,090 2,340 16,530 17,920	68,950	3½	6½
4	Downham Market Urban Downham Rural .. Marshland Rural .. King's Lynn Municipal Borough .. Freebridge Lynn Rural ..	3,830 24,320 17,590 30,220 14,710	90,670	4½	5½
5	Diss Urban Wymondham Urban .. Depwade Rural .. Forehoe & Henstead Rural Loddon Rural ..	4,600 8,910 20,640 34,250 13,960	82,360	4	6
6	Thetford Municipal Borough Swaffham Urban .. Swaffham Rural .. Wayland Rural	14,530 4,320 10,700 21,090	50,640	(6) In abeyance	(4)

III. HEALTH CENTRES

The year was a busy one as far as health centre planning activities were concerned. At the beginning of the year there were ten centres in the Council's capital building programme, two more were added during the year and a further three were under consideration although not appearing in the three-year programme.

The progress made in individual projects by the end of the year was as follows:

Long Stratton

The county's first health centre was completed at Long Stratton by the end of the year and was due for occupation in the new year. This centre will initially provide for two general practitioner suites as well as the usual local health authority accommodation.

Wells-next-the-Sea

Final approval has been received from the Department of Health and Social Security to the erection of a centre at Wells and the building contract is expected to be placed early in the new year.

Diss

Negotiations for purchasing a suitable site are well advanced. The brief has been submitted to the Department and approval is expected in the near future.

King's Lynn (Gayton Road)

The old fire station site has been purchased and provides a very suitable site for this health centre. The Department have approved the cost limit, and the county architect is engaged in preparing working drawings.

North Walsham

Negotiations are proceeding for the purchase of a central site offered by the Urban District Council as part of their town redevelopment. The site is in a clearance area and will involve the rehousing of persons living there. The brief has been submitted to the Department and their agreement is expected shortly.

Brundall

A health centre site has been earmarked in an area which is to be developed as a new village centre. An early settlement of negotiations is expected, to enable planning to proceed. The brief has been submitted to the Department and their approval is expected soon.

Acle

A site has been purchased by the County Council which is to accommodate a home for the elderly, a branch library as well as the health centre. The brief is about to be submitted to the Department for their approval.

Other projects put forward by the Norfolk Executive Council and which are included in the Health Committee's three-year capital programme are health centres at Hemsby, Stalham, Litcham, Wymondham and King's Lynn (Central).

Good progress is being made with site negotiations at Wymondham and King's Lynn (Central), possible sites at Litcham and Hemsby are being explored, but no suitable site has yet been found at Stalham.

The following list shows the year in which the project is scheduled to commence and the number of general practitioner consulting suites which are to be provided initially:

Location	No. of G.P. Suites	Year in which building is scheduled to start
Wells	2	1972-73
King's Lynn (Gayton Road)	6	1972-73
Diss	5	1973-74
Brundall	3	1973-74
Acle	4	1973-74
North Walsham	5	1974-75
Hemsby	4	1974-75
Litcham	2	1974-75
Stalham	5	1975-76
King's Lynn (Central)	6	1975-76
Wymondham	7	1975-76

In addition to the accommodation provided for general medical practitioners, all the above centres will accommodate local health authority services which are at present held in other premises. These services include child health clinics as well as developmental paediatrics, health education, mothercraft classes, ante-natal clinics and chiropody clinics. Consideration is being given to the inclusion of family planning clinics in at least some of the health centres.

In most cases, provision is also being made for accommodation which will be shared by local authority departments after 31st March, 1974, for visiting social workers, educational psychologists, etc.

Health centres at Upwell and Outwell and at North and South Wootton have also been put forward by the Norfolk Executive Council but have not yet been programmed. Consultations are also proceeding regarding a fringe area health centre at Norwich.

IV. CARE OF MOTHERS AND YOUNG CHILDREN

Maternity Accommodation

The total number of hospital and domiciliary births showed a significant drop in comparison with 1971, with the proportion of births taking place in hospital continuing to increase, reaching the level of 80% during 1972. The table below shows how the proportion of hospital confinements has increased over the past ten years:

Year	Total births	Domiciliary births		Institutional births	
		No.	% of total	No.	% of total
1963	6,464	3,192	50	3,272	50
1964	6,779	3,184	47	3,595	53
1965	6,809	3,062	45	3,747	55
1966	6,668	2,826	43	3,842	57
1967	6,712	2,539	38	4,173	62
1968	6,823	2,367	35	4,456	65
1969	6,690	1,921	29	4,769	71
1970	6,755	1,741	26	5,014	74
1971	7,004	1,550	22	5,454	78
1972	6,688	1,330	20	5,358	80

It will be seen that the number of domiciliary births has decreased by nearly 60% in the last ten years.

The Council's domiciliary midwives assessed the circumstances of 996 expectant mothers applying for a hospital booking on social grounds but it was not considered necessary to recommend admission in 25% of them.

In addition, domiciliary midwives assessed the suitability of the home of each hospital booked case for early discharge. 2,507 assessments were made, including 652 relating to North Walsham and Longacre maternity homes.

Care of Premature Infants

During 1972 there were 363 premature live births to mothers normally resident in the administrative county of Norfolk. The analysis of these premature infants and comparable births for the last ten years are given below:

Year	Total Births	Premature infants							
		Born alive		Born in hospital		Born at home or at nursing home		Survived 28 days	
		No.	% of total births	No.	%	No.	%	No.	%
1963	6,491	376	5.8	239	64	137	36	329	88
1964	6,804	399	5.9	281	70	118	30	345	86
1965	6,766	378	5.6	288	76	90	24	323	85
1966	6,618	380	5.7	267	70	113	30	340	89
1967	6,770	341	5.0	246	72	95	28	299	88
1968	6,807	376	5.5	270	72	106	28	339	90
1969	6,690	402	6.0	308	77	94	23	352	88
1970	6,755	405	5.9	330	81	75	19	369	91
1971	7,004	411	5.9	352	86	59	14	363	88
1972	6,688	363	5.4	313	86	50	14	323	89

The number of premature births fell during the year in keeping with the overall decrease in the total number of births representing 5.4% of this total. 89% of those infants survived twenty-eight days, a figure which has varied very little over the past ten years.

There has been no change during 1972 in the arrangements whereby premature infants born at home are conveyed to hospital in portable incubators provided from King's Lynn and Norwich by the hospital special care units. These incubators can be plugged into special electrical sockets fitted in all county ambulances and arrangements are also made with the West Suffolk and Great Yarmouth authorities for similar facilities to be provided where needed in parts of the county adjacent to them.

Ante-Natal and Post-Natal Arrangements

No ante-natal or post-natal clinics are provided by the Council but midwives are encouraged to attend general practitioner clinics and to co-operate with family doctors in providing ante-natal care.

Parentcraft Classes

The teaching of parentcraft to expectant mothers and fathers by domiciliary midwives and health visitors has continued through the year.

These classes were held in forty centres and there were 9,657 attendances; 1,941 expectant mothers attended of whom 677 were booked for domiciliary confinement.

The course comprises nine sessions, one class being a joint session for both parents.

The programme includes instruction in relaxation and exercises and talks and demonstrations are given by the nursing staff.

Child Health Clinics

Ten centres were closed during 1972 because of low attendances which were often aggravated by the poor state of the accommodation available. A clinic was opened in a new community centre at Thetford, the second to be built there with special facilities for child health services and three other clinics were transferred to improved accommodation. 148 centres were in operation at the end of the year which provided a total of 2,430 sessions during 1972, varying in frequency from once a week to once a month.

The following table summarises the staffing arrangements:

Number of sessions held by			
Council's medical staff with health visitors	Health visitors only	General Practitioners (employed on sessional basis) with health visitors	Total
1,140	1,132	158	2,430

The numbers of children who attended were as follows:

Born in 1972	4,793
Born in 1971	3,733
Born in 1967-1970	3,061
Total	11,587
Total attendances	62,129

247 children were referred by clinic medical officers for further investigation and treatment.

The table below shows the numbers of children attending and the numbers of attendances at county clinics over the past five years:

	1968	1969	1970	1971	1972
Number of children attending	12,348	11,746	12,194	12,504	11,587
Attendances ..	56,680	59,153	62,159	66,301	62,129

There has been a drop in the total number of children attending during the year of 917 or 7.3% but this decrease was almost entirely limited to the 2-5 year age group, the level of attendances in the younger age group being maintained.

The attachment of health visitors to general practices has produced side effects in the clinic service. A proportion of the children attending a particular clinic initially may not be known to the health visitor in charge because they are on the list of another practice and arrangements have to be made to deal with this situation. While the decrease in attendances is due in part to the falling birth-rate it is likely that it also reflects the changing pattern of the health visitors' work since the attachment scheme was introduced.

A further five members of our medical staff attended the course in developmental paediatrics at Addenbrooke's Hospital, Cambridge, including for the first time two of our part-time staff. The training of full-time medical staff has now been completed and it is hoped that it will be possible to extend this training to certain other part-time staff.

Although it has not been possible to finalise arrangements for regular developmental examinations to be made on children on the observation register, by appointment at special clinic sessions, it is hoped that with the assistance of the computer these examinations can be extended in the coming year.

Observation Register

1972 was the first full year of the computer maintained register the aims of which are as follows:

1. To assist health visitors to select those children who may require more intensive follow-up and attention.
2. To ensure the follow-up of those children at greatest risk.
3. To help to assess the workload of each health visitor in relation to the number of children on her list requiring observation and the proportion of such children in her total caseload.
4. To identify the 'at risk' criteria which are associated with the greatest number of handicapping conditions with a view to reducing the number on the register.
5. To check the proportion of those children seen at clinics under the old and new arrangements.
6. To ascertain what contribution routine follow-up makes to early diagnosis.

Each health visitor receives a computer printed observation form for each child on the register at his first and subsequent birthdays and is asked to arrange for the child to be seen if possible by a medical officer at a clinic or otherwise by the health visitor herself either at a clinic or at home. The child may then be removed from or retained on the register or transferred to the handicapped register as and when appropriate.

As only relatively few of the children had reached their first birthday at the time of preparing this report few have been transferred to the handicapped register so no conclusions can be expressed on the predominant risk factors.

The total number of children on the observation register at the end of the year was 3,408 including children born during the last two months of 1971. This is a high proportion, just over 40%, of the total number of children born during this period and arises from the fact that the register includes children who subsequently develop illness as well as other children the health visitor wishes to follow-up for social or other reasons at a particular time.

It was hoped to maintain the previous 'at risk' register alongside the new observation register but the clerical work involved in continuing both systems was found to be beyond staff resources and it was decided to concentrate on the new system.

1,172 examinations were carried out on the children on the register having their first birthday during the year. The largest number 585 (50%) were seen at home, 366 (31%) were seen at a health visitor clinic, 180 (15%) by local authority medical officers and 29 by general practitioners working in local authority clinics. Only 12 were not examined. A much higher proportion of the children were seen at health visitor clinics than during the previous year.

Hearing Assessment of Infants

All infants are offered the opportunity to have their hearing tested by health visitors on reaching the age of seven months. The present arrangements are that a computer printed slip is sent to each health visitor when a child on her list reaches this age. The health visitor then arranges to examine the child,

sometimes with a colleague, either at home or at special clinic sessions, and returns the form to County Hall where arrangements are made for the further examination of those children who have failed the screening test and for the results to be input into the computer record for any necessary analysis. 3,172 children were tested during the year, of whom 14 failed the test and were referred to the medical officer. A further 48 were kept under observation by the health visitor.

Welfare Foods

The following proprietary brands are normally available under the Council's scheme and were being sold at the end of the year at the prices listed (cost plus 10% handling charge):

Cow and Gate Full Cream	32p	per packet
Ostermilk No. 2	32p	per packet
Humanised Trufood	34½p	per packet
S.M.A. (Milk Food)	41p	per packet
Virol	14½p	per small carton
				23½p	per large carton

The amounts of these preparations ordered for distribution to local health offices during the past five years have been as follows:

Year	Cow and Gate (1 lb.)	Ostermilk (1 lb.)	Trufood (1 lb.)	S.M.A. (1 lb.)	Virol (Cartons)
1968	23,270	53,208	408	2,976	1,140
1969	28,536	43,920	480	3,180	936
1970	34,656	26,544	300	3,216	900
1971	33,288	18,240	564	2,424	468
1972	20,754	8,544	924	1,050	72

The quantities of all proprietary brands of milk foods distributed during each of the past five years were as follows:

1968	79,862 packets
1969	76,116 packets
1970	64,716 packets
1971	54,516 packets
1972	31,272 packets

National Welfare Foods are available from local health offices, child health clinics and thirty-nine voluntary distribution centres.

The Government made certain changes during the course of the year in the national welfare foods scheme. Under the terms of a Welfare Food Order which came into force on 2nd January, 1972, provision was made for a separate vitamin C tablet to be made available for use with the existing vitamin A and D tablets pending the availability of a combined, A, D and C tablet which was to be produced to replace orange juice, withdrawn as a welfare food on 31st December, 1971, for expectant and nursing mothers. Cash sales of existing stocks of orange juice and cod liver oil, previously withdrawn as a welfare food in April, 1971, continued during the early part of 1972 but sales of the latter preparation ceased in June when remaining stocks were destroyed on the instruction of the Department of Health and Social Security.

The combined A, D and C tablet was eventually made available during the second quarter of the year and changes in the constitution of National Dried Milk were made from April onwards, when it was fortified by the addition of vitamin C and iron following a recommendation made to the Secretary of State by a Panel on Child Nutrition of the Committee on Medical Aspects of Food Policy.

Towards the end of the year the Department reported that there had been a disappointing uptake of vitamin A, D and C drops introduced for children in 1971 and medical and nursing staff were asked to stress to mothers the advantages of the new drops, i.e., ease of administration (readily mixed with food and drink), their reasonable cost where there is no free entitlement (5p bottle lasts approximately six weeks) and the absence of the dental hazard associated with the misuse of undiluted fruit juices and syrups.

Issues of national welfare foods during the last five years have been as follows:

Year	National Dried Milk (Cartons)	Cod Liver Oil (Bottles)	Vitamin Tablets A & D (Packets)	Vitamin Tablets C (Packets)	Vitamin Tablets A, D & C (Packets)	Orange Juice (Bottles)	Vitamin Drops A, D & C (Bottles)
1968	24,642	4,325	6,189	—	—	80,869	—
1969	19,941	3,742	6,238	—	—	90,169	—
1970	10,394	3,152	6,780	—	—	91,511	—
1971	9,240	1,884	4,308	—	—	77,630	8,582
1972	10,543	170	2,088	1,453	1,387	16,943	18,844

Dental Treatment

The Chief Dental Officer reports:

“The numbers of pre-school children attending any one of the school dental clinics did not merit special sessions being set aside for them. The children therefore followed the practice of previous years by receiving inspections and treatment during normal sessions at the clinics. This practice also applied to expectant and nursing mothers. The equivalent time in sessions devoted to all these patients was 120 which was an increase of twenty-six over 1971.

Contrary to national trends, the number of mothers who received inspections increased. It was particularly pleasing to observe a very marked increase also in the number of pre-school children inspected, 805 compared with 469 in 1971. Of these, 50 % required treatment which occupied 627 visits to the clinics. Forty-seven children came along for a second inspection during the year.

The growth in the demand for inspection by maternity and child health patients is very encouraging. Small children should not wait until they reach school age before having their teeth examined. The availability of the local authority’s dental service is now being more widely publicised and thanks mainly to health visitors and family practitioners, more small children and mothers too are being referred.”

Inspections, Attendances and Treatment	Children 0–4 (inclusive)	Expectant and Nursing Mothers
Number of patients given first inspections during year	805	62
Number of patients who required treatment	403	58
Number of patients who were offered treatment	386	58
Number of patients re-inspected during year	47	2
First visit	361	54
Subsequent visits	266	77
Total visits	627	131
Number of additional courses of treatment other than the first course commenced during year	17	2
Number of fillings	639	112
Teeth filled	565	101
Teeth extracted	274	29

Inspections, Attendances and Treatment— <i>continued</i>	Children 0-4 (inclusive)	Expectant and Nursing Mothers
General anaesthetics given	75	1
Emergency visits by patients	21	13
Patients X-rayed	6	7
Patients treated by scaling and/or removal of stains from the teeth (prophylaxis) ..	8	20
Teeth otherwise conserved	146	—
Crowns	—	3
Number of courses of treatment com- pleted during the year	351	39

Prosthetics

Number of dentures supplied	4
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Anaesthetics

General anaesthetics administered by dental officers	23
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Family Planning

The Family Planning Association continued to act as the Council's agent for providing clinic services at Cromer, Dereham, Fakenham, King's Lynn and Thetford. Application No. 6 of the National Family Planning Agency Scheme applied throughout 1972. This scheme offers free service to any woman whose health, in the opinion of the examining doctor, is likely to suffer by the increased mental, physical or social burden placed on her by pregnancy. The number of cases assisted under this scheme increased by 77% during the year from a total of 308 cases in 1971 to 547 cases in 1972 with a further 27 cases assisted by way of examination and advice only.

During 1972 the Council recommended the introduction of Scheme No. 5 of the National Family Planning Agency Scheme as from 1st January, 1973. This scheme will offer free consultation and examination to all patients attending the family planning clinics, but free supplies will only be available to medical cases as defined above. At the same time it was agreed, in principle, to introduce a domiciliary family planning service in the county as soon as possible. Unfortunately, this has been delayed much longer than anticipated largely because of the time it has taken to arrange for staff to be trained to the necessary standards. However, at the time of writing, training is now well advanced and it should be possible to make a start in the near future.

It has also been agreed to open a family planning clinic staffed by one of the local general practitioners at the new health centre at Long Stratton. It will not be possible, however, to go ahead with this clinic until the autumn of 1973.

Discussions are proceeding as a matter of routine with general practitioners concerned with health centres being planned, with a view to incorporating this service in these centres, if required.

Phenylketonuria

All infants continue to be screened for this condition, usually on the ninth day after birth by means of the Guthrie test which entails taking a small blood specimen from the heel. Specimens are forwarded directly to the Regional Screening Laboratory at the Ida Darwin Hospital, Fulbourn, Cambridge. In order to ensure that all children are tested a computer print out is provided for those for whom no result has been received by six weeks of age.

During the year, one classical case of phenylketonuria was diagnosed in this way and treatment promptly instituted. In addition, there was one case of atypical phenylketonuria and a further very mild case, neither of which required immediate treatment.

It should be noted that the same blood specimen can also be used to check certain other inborn errors of metabolism and two cases of histidinaemia were picked up in this way during the year. Though no immediate treatment was required both children can be followed up closely during the early months of life to ensure early detection of any abnormality.

Infant Methaemoglobinaemia

As in previous years, water supplies from wells and bores have been examined for nitrate content where their use was proposed for bottle-fed babies. Samples are submitted prior to the birth of the child and where the results are unsatisfactory, the parents are advised to use mains water or a nearby alternative supply which on investigation is found to be satisfactory from a nitrate point of view. In twelve cases, advice to use an alternative source was given.

The simplified form of examination was continued in the health department and borderline results were submitted to the Public Analyst for a more detailed examination. The following is the standard the department has used for many years:

Waters regarded as safe	Nitrate content under 20 p.p.m.
Waters regarded as doubtful	Nitrate content 20/40 p.p.m.
Waters regarded as unsafe	Nitrate content 40/80 p.p.m.
Waters regarded as dangerous	Nitrate content over 80 p.p.m.

No case of infant methaemoglobinaemia occurred during the year.

The following table summarises the sample examination position during the year:

Original Supplies

Samples submitted by district nurse or health visitor	113
Samples classified as satisfactory	90
Samples classified as unsatisfactory	5
Samples classified as doubtful and referred to Public Analyst for more detailed examination	18
Samples classified by Public Analyst as satisfactory	11
Samples classified by Public Analyst as unsatisfactory	7

Alternative Supplies

Samples submitted by public health inspector	3
Samples classified as satisfactory	1
Samples classified as doubtful and referred to Public Analyst for more detailed examination	2
Samples classified by Public Analyst as satisfactory	2
Samples classified by Public Analyst as unsatisfactory	—
Total examinations carried out in the Health Department	116

Congenital Malformations

Congenital malformations detected at birth during 1972 were as follows:

Congenital Malformation						Live Births	Still Births
Talipes	31	1
Congenital dislocation of hip	14	—
Hydrocephalus, spina bifida	9	9
Anencephaly, microcephaly	5	8
Cleft palate and cleft lip..	9	—
Defects of alimentary system	2	—
Defects of genito-urinary system	21	—
Congenital heart disease..	6	—
Mongolism	7	—
Other defects	65	2
						—	—
Totals	169	20
						—	—

There has been an overall decrease in the number of congenital malformations though the number of surviving children with such malformations is only one less than in 1971. There is a notable decrease in the number of cases of cleft lip, cleft palate, congenital dislocation of the hip and congenital heart disease, from the previous year, with an increase in defects of the genito-urinary system though these are mostly cases of hypospadias and epispadias, conditions which vary in severity and are usually amenable to treatment without major handicap.

All malformations reported on the birth notification form are followed up by forwarding the standard form to the maternity unit for completion by the appropriate midwife or obstetrician. Conditions are then notified to the Office of Population Censuses and Surveys and recorded on the child’s computer record.

The ‘Battered Baby’

There has been no new development in the scheme for ensuring close co-ordination and consultation among all agencies concerned with child health and welfare in cases of this sort. All parties have expressed satisfaction with the way the scheme is operating and consider that everything possible is being done to reach the best decision in each case.

Staff have clear instructions on the procedure to be followed in suspected and confirmed cases. Copies of the memorandum “The Battered Baby” prepared by the Standing Medical Advisory Committee for the Central Health Services Council were distributed to all medical and nursing staff, many of whom have also attended conferences dealing in whole or in part with this subject.

There were six conferences on battered babies attended by health department staff during 1972 compared to ten in the previous year.

V. NURSING STAFF

The staffing situation at the end of the year was as follows:

						Whole-time	Part-time
<i>Supervisory Staff</i>							
Director of Nursing Services	1	—
Divisional Nursing Officer	1	—
Area Nursing Officers	4	—
Nursing Officers	2	—
						8	—
<i>Other Staff</i>							
Midwifery only	23	2
Midwifery and home nursing	61	7
Midwifery, home nursing and health visiting	4	—
Midwifery, home nursing, health visiting and school nursing	15	—
Home nursing only—							
S.R.Ns. (female)	23	16
S.R.Ns. (male)	5	—
S.E.Ns.	3	2
Health visiting and school nursing	48	1
School nursing only	1	—
Tuberculosis health visiting only	1	—
Nursing assistants	—	4
						184	32

At the end of 1972 there were ten vacancies as follows:

Midwifery	—
Midwifery and home nursing	2
Health visiting and school nursing	8
						10

The establishment of health visitors was increased by six but it was not possible to make appointments for these particular posts. Otherwise recruitment to the service has been steady throughout the year but unfortunately there has been a considerable amount of sick leave. This has brought pressure to colleagues and once again invaluable help has been available from part-time staff to maintain the high standard of care to patients.

Administration

The Department of Health and Social Security's recommendation that the Chief Nursing Officer and Principal Nursing Officer should be re-designated Director of Nursing Services and Divisional Nursing Officer respectively was accepted by the Council.

Following the recommendations of the working party on management structure in the local authority nursing services (Mayston) the first two nursing officers were appointed, Miss E. L. Barney in King's Lynn and Miss P. H. M. Weaving on the fringe area of Norwich.

Approval was also given for the establishment of a further six nursing officer posts in 1973. In the nursing management structure their role is increasingly vital to consolidate a closer working relationship with family doctors, hospital colleagues and other services.

Field Staff

Attachment of nursing staff to general practice was completed during the year. To date there has been no crossing of boundaries although amicable discussions have taken place with the neighbouring local authorities. At present patients registered with doctors from other authorities have to receive nursing care from staff who are attached to Norfolk general practitioners. Every encouragement has been given to foster closer working relationships in the team and most midwives attend family doctors' ante-natal clinics. More district nursing sisters are now treating patients in surgery premises and some health visitors are attending 'well-baby' clinics. Without doubt the scheme is proving satisfactory although there is less flexibility when vacancies occur with consequent difficulties for field and administrative staff. The nursing staff have accepted well the change in the pattern of their work and tribute must be paid to them.

Nursing Assistants

The establishment of two whole-time equivalent of part-time nursing assistants was effective from 1st April, 1972. These ancillary staff work under the direction of the district nursing sister and have proved to be of great assistance in four urban areas. In the coming year authority has been given for the number to be increased to four full-time equivalent and this will relieve other trained staff of routine procedures such as bed baths, hair-washing, dressing patients and other simple duties.

Study Days

Two successful study days were held in the Council Chamber at County Hall. The staff and visitors from hospitals and neighbouring local authorities expressed their appreciation for the excellent facilities available. The programmes were as follows:

April 17th

'Psychiatric Care in the Community'

Dr. K. M. Armit, Consultant Psychiatrist, St. Andrew's Hospital, Norwich

'New Concepts in Community Nursing'

Dr. J. C. Hasler, General Practitioner, Sonning Common. Post-graduate organiser for G.P. Training (Oxford Region)

'Positive Preventive Medicine'

Mrs. Anna Brodie, Health Visitor, Sonning Common

'The Community Hospital Project'

Miss Mavis Ryder, District Nursing Sister, Sonning Common

October 10th

'Communication with patients suffering terminal illness and with the bereaved'

The Rt. Rev. The Lord Bishop of Norwich was unfortunately unable to attend, so a recorded message from him was given to the audience, followed by a talk by the Rev. Michael Leefield, Vicar of Trowse and a Chaplain to the United Norwich Hospitals.

'Oral and Written Communication'

Mr. Arnold Clarke, Lecturer in Management Studies, Norwich City College

'Acceptance of Change'

Mrs. M. Rees, Lecturer at the Polytechnic of Central London

Courses Attended

Director of Nursing Services	..	Multi-Professional Integration Course.
Area Nursing Officer	Supervisor of Midwives Course
Staff attended refresher courses as follows:		
Health visitors	8
Midwives	31
District Nurses	6

Some interesting reports were received and published in the quarterly bulletin and the staff appreciated being able to attend these post-graduate courses.

Hospital Student/Pupil Nurse—Visits with Local Authority Staff

During the year 164 student nurses and 26 pupil nurses spent a day with the nursing sisters and health visitors.

Three students taking integrated nurse training spent three days working and living with a district nursing sister/midwife/health visitor.

Seven students taking mental nurse training at Hellesdon Hospital spent one week in the community with a nursing sister and one week with a health visitor.

One post graduate student from America spent two weeks with a midwife and a health visitor.

Telephone Answering Machines

A further ten ‘Ansafones’ were provided bringing the total to forty. The installation of these instruments has been of great value in providing a more efficient service for doctors and patients as well as allowing the nursing staff more flexibility of movement.

Houses for Midwives and Home Nurses

Details of housing accommodation provided by the Council and used for full-time permanent nursing staff at the end of the year are as follows:

Houses owned by the Council	48
Houses hired by the Council	9

Thirteen of these houses were furnished by the Council in whole or part. It was not necessary to purchase any property for the accommodation of nursing staff in 1972. The practice of allowing nurses to vacate purpose built houses in favour of their own accommodation if so desired was continued in 1972. By this arrangement quite a number of houses are rendered surplus to immediate requirements. Six houses were disposed of in 1972. Others were offered for the temporary use of local authority staff at subsidised rentals or to members of the public at more economic rentals.

The following are details of those houses not occupied by district nurses at the end of the year:

Number of houses occupied by staff other than district nurses	..	3
Occupied by members of public	5
Unoccupied but posts being advertised	3
Unoccupied and surplus to immediate requirements	1
		—
		12
		—

Transport

Staff in the nursing service, apart from supervisory staff and full-time health visitors, are given the choice of providing their own cars or using County Council owned vehicles.

The fleet of Council owned vehicles numbered sixty-seven at the end of 1972.

A decision was made in 1971 to purchase Ford Escorts and twenty-two were taken into the fleet during 1972.

VI. MIDWIFERY

Twenty-three whole-time and two part-time staff were employed solely on midwifery duties at the end of the year together with eighty-seven midwives (seven of whom were part-time) who also undertook other nursing duties making the whole-time equivalent 46.5.

Training of Student Midwives

The Part II Midwifery training school at the West Norfolk and King's Lynn General Hospital seconded three students for three months domiciliary midwifery experience.

During the year single period midwifery training was introduced at the Norfolk and Norwich Hospital which ended the tradition of having Part I and Part II midwifery training courses.

These students now receive twelve weeks community experience after the first sixteen weeks of training instead of three months at the end of their Part II training. A total of eleven students were received for training during the year.

Supervision of Midwives

The County Council is responsible for the general supervision of midwives practising within the administrative county and this duty is undertaken by the Council's supervisors. At the end of the year the number of midwives who had notified their intention to practice was as follows:

Institutional

Hospitals	55
Nursing Homes	3

Domiciliary

Local health authority	120
Private practice	2

Work undertaken by County Council Midwives

Deliveries attended for the past three years:

	1970	1971	1972
Midwifery/maternity cases (doctor present)	931	788	483
Midwifery/maternity cases (doctor not present)	699	601	707
	<hr/> 1,630	<hr/> 1,389	<hr/> 1,190

Number of patients delivered in hospital and discharged to care of midwife at, or before, forty-eight hours	1,901
Number of patients discharged after forty-eight hours but before the eighth day	1,584
Patients discharged on eighth day or subsequently	520
Confinements conducted by domiciliary midwives in hospital ..	3
	<hr/> 4,008
Total number of early discharges, 1971	3,520

Number of domiciliary booked patients transferred to hospital care during ante-natal period	258
Number of domiciliary booked patients transferred to hospital during labour	232
Number of domiciliary booked patients transferred to hospital during puerperium	34
	<hr/> 524 <hr/>

The Council’s midwives paid the following visits to midwifery cases:

Ante-natal	36,567
During labour	3,832
Post natal	45,039
Patients seen in ante-natal clinic sessions in doctors’ surgeries ..	3,469

In addition, 568 visits were paid to 225 patients who miscarried.

Births

The number of births during the year to women normally resident in the authority’s area has decreased and the table below sets out the births notified under the Public Health Act, 1936, as adjusted by notifications transferred into or out of the area:

	1970			1971			1972		
	Domiciliary	Institutional	Total	Domiciliary	Institutional	Total	Domiciliary	Institutional	Total
Adjusted Live Births	1,731	4,936	6,667	1,541	5,373	6,914	1,324	5,284	6,608
Adjusted Still Births	10	78	88	9	81	90	6	74	80
TOTAL									
Adjusted Births	1,741	5,014	6,755	1,550	5,454	7,004	1,330	5,358	6,688
Actual Births	1,753	2,340	4,093	1,551	2,471	4,012	1,329	2,365	3,694

VII. HEALTH VISITING

At the end of the year fifty whole-time health visitors (including one tuberculosis health visitor) and nineteen nurses also undertaking midwifery and home nursing duties were employed. Of these, sixty-four were also acting as school nurses.

The figures below summarise the visits made by health visitors during the past three years:

	1970	1971	1972
Children under 1 year	7,322	7,150	7,148
Children 1-2 years	7,982	6,884	17,508
Children 3-5 years	13,228		
Total number of children aged 0-5 years visited	28,532	26,349	24,656
Total number of visits made to children 0-5 years	98,578	98,501	91,801
Number of persons aged 65 or over visited	1,144	1,221	1,440
Number of visits paid to persons aged 65 or over	5,483	4,716	6,092
Number of persons visited between 5 and 65 years	540	680	2,199
Number of visits paid to persons between 5 and 65 years	1,301	1,450	5,389
Number of families with special problems including infectious disease	463	482	510
Number of visits to families with special problems including infectious disease	2,584	2,275	1,694
Visits to child minders, playgroups and nurseries	452	513	448

Training

Five students commenced health visitor training in 1972 with financial assistance from the County Council. The four students sponsored in 1971 completed their training and three were employed by the Council at the end of year.

Student Health Visitors

One student was seconded by a Health Visitor training centre for rural experience and spent one week with a county health visitor.

We once again co-operated with Ipswich Civic College in the field work instruction of two student health visitors.

VIII. HOME NURSING

Thirty-one whole-time and eighteen part-time staff were employed exclusively on home nursing duties at the end of the year together with eighty-seven (seven of whom were part-time) who also undertook other nursing duties.

The work carried out over the last three years is summarised below:

	1970			1971			1972		
	First Visits	Fur-ther Visits	Total	First Visits	Fur-ther Visits	Total	First Visits	Fur-ther Visits	Total
Patients under 5 years ..	413	1,326	1,739	472	980	1,452	988	914	1,902
Patients aged 5-64 years ..	2,935	37,212	40,147	2,633	35,090	37,723	7,834	37,072	44,906
Patients aged 65 years or over	6,320	145,670	151,990	5,989	140,175	146,164	9,929	146,389	156,318
TOTALS ..	9,668	184,208	193,876	9,094	176,245	185,339	18,751	184,375	203,126

The figures for 1972 represent the numbers of persons treated, the compilation of these statistics being in accordance with revised returns required by the Department of Health and Social Security and include treatments given in doctors' surgeries, child health clinics, residential homes and hospitals. Those for 1970 and 1971 are in respect of home visits only, but, as indicated in the previous report, a further 9,424 treatments were given in doctors' surgeries in 1971.

District Nurse Training Course

One course was held during 1972 and the six nurses from Norfolk who undertook training were successful in obtaining the certificate of the Department of Health and Social Security.

Students from other authorities—namely two from Norwich, four from East Suffolk, one from Great Yarmouth and five from Ipswich received their theoretical training in Norfolk and were successful in obtaining the certificate.

Again our thanks are due to consultants, hospital staff, general practitioners and officers of other disciplines who have co-operated to make these courses so successful.

IX. VACCINATION

Childhood Protection Schemes

Comparative figures for the past five years are as follows:

Diphtheria Vaccination

		Primary Course			Re-inforcing doses			
Year		Under 1 year	1-3 years	4-15 years	Total	1-3 years	4-15 years	Total
1968	..	2,133	3,282	262	5,677	3,032	6,167	9,199
1969	..	856	3,034	199	4,089	2,846	6,535	9,381
1970	..	707	4,920	437	6,064	1,366	6,810	8,176
1971	..	437	5,093	474	6,004	652	6,681	7,333
1972	..	124	4,888	703	5,715	322	5,065	5,387

Whooping Cough Vaccination

Year					Under 4 years	4-15 years	Total
1968	5,348	95	5,443
1969	3,840	68	3,908
1970	5,494	95	5,589
1971	5,444	162	5,606
1972	4,975	185	5,160

Tetanus Vaccination

Year					Primary Course 0-15 years	Re-inforcing doses 0-15 years
1968	6,079	11,538
1969	4,417	12,418
1970	6,495	11,864
1971	6,308	11,241
1972	5,984	8,984

There were no reported cases nor notified deaths during the year.

Poliomyelitis Vaccination

					Primary Courses				
					1968	1969*	1970	1971	1972
Children 0-3 years					.. 5,549	3,895	5,366	5,363	4,952
Children 4 years and over					326	309	556	441	762
Totals				 5,875	4,204	5,922	5,804	5,714
					Re-inforcing Doses				
					1968	1969*	1970	1971	1972
					6,070	9,901	10,235	9,721	7,551

*1969 onwards oral vaccine solely

Measles Vaccination

This procedure has been established for five years and now appears to be reaching a satisfactory level of acceptance in the second year of infant life. However, looking at the figures for older children these does not appear to have been an adequate number of children vaccinated in the past five years which may help explain the relatively slow decline in the natural occurrence of the disease.

Comparative figures since the introduction of the scheme in May, 1968, are as follows:

Year			Under 1 year	1-3 years	4-7 years	Others under 16 years	Total
1968	26	2,062	4,680	412	7,180
1969	3	1,873	1,263	910	4,049
1970	30	3,512	2,364	322	6,228
1971	33	3,393	1,305	122	4,853
1972	6	3,767	1,233	154	5,160

Rubella (German Measles) Vaccination

In 1972 a fairly good response is recorded to the offer of this vaccine in the age group eligible.

Year									Total of 13-year-old girls vaccinated
1970	1,078
1971	2,727
1972	2,302

B.C.G. Vaccination

Numbers of children skin-tested and vaccinated during the last five years are as follows:

Year					Tested	Negative	Vaccinated
1968	2,542	2,225	2,201
1969	4,386	3,855	3,814
1970	4,046	3,633	3,570
1971	4,677	4,146	4,133
1972	4,181	3,643	3,744

Vaccination for International Travel

Travellers abroad are advised to protect themselves and their families against the risk of contracting communicable diseases to which they may be exposed in localities in which they intend to stay or through which they may pass. Many countries require some or all travellers arriving from certain other countries to produce valid international certificates of vaccination against smallpox, yellow fever or cholera but, apart from any such requirements, persons going to most overseas countries are advised to be effectively vaccinated against typhoid and paratyphoid fevers and travellers to countries outside Europe other than North America should also be vaccinated against polio-myelitis. Vaccination against any of these diseases other than yellow fever can be performed by a person’s family doctor.

International certificate of vaccination forms are prescribed for smallpox, cholera and yellow fever. A form for the latter will be supplied after vaccination at the designated centre but the forms for smallpox and cholera should be obtained by the traveller himself for completion by the doctor. They can normally be obtained from the agency arranging the transport or from individual doctors. Local authorities may also, if necessary, be able to supply them, otherwise application should be made to the Department of Health and Social Security, Alexander Fleming House, London, S.E.1. After the certificate has been completed by the doctor it must be taken or forwarded to the district medical officer of health for authentication of the doctor’s signature.

The International Sanitary Regulations specify the following periods for the validity of international certificates of vaccination:

Type of vaccination	Certificate valid for	Period validity begins	
SMALLPOX			
Primary vaccination if successful	3 years	8 days	After date of vaccination
Revaccination	3 years	At once	
CHOLERA			
Primary vaccination ..	6 months	6 days	
Revaccination within 6 months	6 months	At once	
YELLOW FEVER			
Primary vaccination ..	10 years	10 days	
Revaccination within 10 years	10 years	At once	

Prospective travellers should consult their own doctors at the earliest opportunity regarding the various vaccinations needed and the order in which these should be done, depending on the time available for their completion.

Organised school parties travelling abroad for holidays or educational purposes are becoming more popular and close liaison is maintained with the chief education officer and general practitioners about the protection which is necessary or advisable so that parents and teachers are fully aware of the situation.

Yellow Fever Vaccination

Where required under the International Sanitary Regulations, yellow fever vaccination is available only at a centre designated by the Department of Health and Social Security. Each person requiring vaccination must make an appointment with the centre and a fee is charged for the issue of a certificate.

Vaccination against yellow fever is undertaken at the following centres:

- Norwich:

Medical Officer of Health
Churchman House
68 St. Giles Street
Norwich, Nor 22E
- Cambridge:

County Medical Officer of Health
Shirehall
Cambridge

X. AMBULANCE SERVICE

General

1972 was a busy year for the ambulance service, with the implementation of reorganisation for a directly administered service.

5,936 emergency cases represented 17.4% of the total of 33,998 patients conveyed by ambulances during the year. Statistics for the past five years given below show a steady increase in patients carried and miles travelled.

Year				Patients	Mileage	Mileage per patient
1968	24,814	529,689	21.31
1969	28,255	580,973	20.56
1970	30,113	620,484	20.61
1971	31,768	626,519	19.72
1972	33,998	695,000	20.40

Ambulance Stations

The ambulance stations at East Dereham and King's Lynn were completed and occupied during the year, bringing the total of purpose built stations to three. Adaptations to the disused Cromer fire station were also completed during the year, to convert it into a three-bay ambulance station.

Further leasing arrangements were made at the Hall Road, Norwich, ambulance station, allowing extensions to be made including a training centre and a central store.

Approval was given to include in the 3-year capital building programme the following stations:

1973-74	1974-75	1976
Attleborough	Loddon	Fakenham
Martham	Norwich	
North Walsham		
Swaffham		

Ambulance Vehicles

Delivery was taken of five more Ford Transit Lomas fibreglass ambulances in April, 1972, as part of the annual replacement programme.

During the year it became apparent that the large Bedford Hawson type ambulances were going to become uneconomical and unreliable if not replaced and it was agreed to replace all twelve during 1973 with ten Bedford CF Dormobile recumbent ambulances and two Wadham ten seater Bedford CF sitting case vehicles. These multi-seaters are new to the county ambulance service and are being provided to help cope with the increased demands made upon the service by the extension of day care treatment centres for psychiatric and geriatric patients.

Ambulance Equipment

During the year ambulance equipment was brought up to specification in accordance with the Millar Report recommendations. Resuscitation equipment included the Laerdal battery operated aspirator, the Ambu-bag resuscitator and Ambu foot operated aspirator. Entonox for pain relief, inflatable splints and light rescue cutting equipment were also provided on all ambulance vehicles.

Approval was given to replace the existing obsolete radio equipment which had become unreliable. In accordance with the Department of Health and Social Security recommendation LHAL 14/71, the new equipment will include multi-channel radio equipment incorporating the national emergency reserve channel and ambulance/hospital radio links via private telephone circuits from the ambulance control room.

Ambulance Service Reorganisation

This proved a difficult time calling for co-operation by all involved. Following experience of the interim manning arrangements, approval was given to increase the professional full-time personnel by 36 during the year.

Ambulance stations at Attleborough, North Walsham and Swaffham were manned by a paid duty/paid standby arrangement continuously and many of the other stations were strengthened to ensure that there were adequate manned ambulances daily to meet demands and cope with annual leave and training requirements.

In May, the Chief Ambulance Officer Designate took up his appointment, succeeding to the full duties of the Chief Ambulance Officer in October. At the same time, two area superintendents took up their appointments at Thetford and East Dereham and in July the Deputy Chief Ambulance Officer was appointed. Earlier in the year the new post of administrative officer was filled. From these new appointments and the existing officers an entirely new management structure was created with, in addition, twenty-four leading ambulance-men appointed from the operational staff serving as the first line management tier.

A decision was made towards the end of the year to amalgamate the two existing ambulance controls at central ambulance control in County Hall in 1973 and to instal telex as an added link between the control, hospitals and other ambulance services.

With these changes in the offing, a control rank structure was approved with the redesignation of the control supervisor and assistant supervisor as control superintendent and deputy control superintendent, supported by five ambulance control officers and six control room assistants.

Ambulance Training

With the manning difficulties throughout the year, basic and refresher training proved difficult. The appointment to the service of trained personnel from other ambulance services to meet the increased establishment, meant we were able to cover basic training and ten personnel attended the ambulance aid basic six-week course at the regional training centres.

During the winter months as part of the in-service training programme, personnel were prepared for their Institute of Advanced Motorists' driving test and study groups were formed at the main ambulance stations for personnel sitting their examinations for the Institute of Ambulance Officers and the Institute of Certified Ambulance Personnel.

Regional Ambulance Competition

The National Association of Ambulance Officers' Regional Ambulance Competition for 1972 was held at County Hall on 8th July.

A total of thirty-nine personnel participated, twelve authorities being represented, four from Region No. 4 and eight from Region No. 6, the winners going forward to represent their Region in the National Competitions.

The road test was arranged and judged by the Norfolk Joint Police under the guidance of Chief Inspector R. Spaulding and the attendant and team tests by the London Ambulance Service under Division Officer K. G. H. Pitkethly, M.B.E., A.I.A.O., I.A.I.

The successful contestants were as follows:

	<i>Region No. 4</i>	<i>Region No. 6</i>
Attendant's test	Ipswich	Oxfordshire
Driver's test	Huntingdon & Peterborough	Buckinghamshire
Team test	Norfolk	Buckinghamshire

The presentation of trophies was made by Alderman W. J. Hayden, Chairman of the County Council, and a vote of thanks to all personnel and the many helpers involved was given by Mrs. L. A. Nickerson, Chairman of the Health Committee.

Norfolk Accident Rescue Service

There are now thirty-six accident after-care schemes operating on a voluntary basis throughout the country. The following are the statistics relating to the Norfolk Scheme during 1972:

Number of doctors in the scheme	116
Number of occasions doctors called out	328
Contacted first call	270
Contacted second call	40
Contacted subsequent call	7
No doctor available in time	11
Maximum number of calls in any one day	7
Number of road accidents attended	285
Number of other medical emergencies attended (e.g., collapse, falls, industrial and sporting injuries, mental, suicides and attempts, drink, drugs, epilepsy, diabetes, etc.)	43
Occasions medical assistance rendered at scene	240
Occasions ambulance left before doctor arrived or call-out cancelled before arrival	54
Number of fatalities attended—Road traffic accidents	67
Others	10
Number of serious injuries attended	389
Number of slight injuries attended	90
Number of injury accidents reported to Police during the same period						2,881

Since the scheme's inception in October, 1970, call-out procedure has been undertaken by the Police from their Headquarters information room at Martineau Lane, Norwich, but it is intended that this responsibility will be transferred to the county ambulance control early in 1973.

An appeal was launched in April, 1971, to raise £10,000 to purchase equipment and this target has been surpassed thanks to the generosity of voluntary organisations, business firms and individuals throughout the county enabling each doctor in the scheme to be provided with a medical emergency kit.

Car Service

Steady recruitment throughout the year of voluntary car drivers has enabled us to maintain our necessary level of 200 to serve the needs of patients at the treatment centres throughout East Anglia. With the increasing restrictions on the railways, less patients are being considered suitable for rail transport thereby increasing the demands made upon the car service.

The following statistics show the increasing number of patients carried but it is pleasing to note that in spite of the increased total mileage, the mileage per patient has continued to decrease.

Year				Patients	Mileage	Mileage per patient
1968	77,349	1,784,428	23.00
1969	80,989	1,850,960	22.80
1970	84,105	1,942,552	23.10
1971	90,343	2,039,434	22.57
1972	94,768	2,049,413	21.60

XI. PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis

Chest clinics were held by Dr. A. H. C. Couch (East Norfolk) at Norwich, Cromer and Great Yarmouth and by Dr. G. F. Barran (West Norfolk) at King's Lynn, Dereham, Thetford, Wells and Fakenham. A whole-time tuberculosis health visitor attended clinic sessions in East Norfolk and carried out routine and follow-up visits to patients and contacts. Arrangements for health visiting in West Norfolk were made by the area nursing officer in liaison with Dr. Barran.

(a) Incidence

The numbers of new cases notified during the past five years are as follows:

Year			Respiratory	Non-respiratory	Total
1968	..		49	11	60
1969	..		35	10	45
1970	..		38	14	52
1971	..		31	16	47
1972	..		35	17	52

(b) Mortality

Mortality figures for the same period are:

Year			Death rate per 100,000 population	Other	Death rate per 100,000 population
1968	..	4	0.9	5	1.1
1969	..	4	0.9	2	0.5
1970	..	7	1.6	3	0.7
1971	..	4	0.9	9	2.0
1972	..	3	0.7	6	1.3

(c) Visits to Tuberculous Households

The following table shows the visits made by health visitors to tuberculous households during 1972 with the comparative figures for 1971 given in parenthesis:

First visits	532	(503)
Re-visits	1,149	(1,297)
					<hr/> 1,681	<hr/> (1,800)

(d) Extra Nourishment

This is now limited to the provision of free milk in necessitous cases on the recommendation of the chest physicians and ten such cases were being assisted at the end of the year.

(e) B.C.G. Vaccination

See under Section IX. VACCINATION.

(f) Medical Arrangements for Long-term immigrants

Twelve immigrants were notified as having arrived in this county from the following areas:

Commonwealth Countries

Caribbean..	1
Indian	1
Other Asian	6
African	2

Non-Commonwealth Countries

European	1
Asian	1
									<hr/> 12

Follow-up visits are made by a medical officer or health visitor and immigrants are informed of facilities available under the health services and encouraged to register with a general medical practitioner. No cases of tuberculosis were notified among immigrants in 1972.

Additionally, thirty-three Ugandan Asians from nine families were reported to have moved into Norfolk from transit camps. Thirteen of these were under school leaving age.

(g) General

The British Red Cross Society and the St. John Ambulance Brigade jointly organise a hospital library service which is also available to homebound patients.

The local W.R.V.S. depots supply articles of clothing in necessitous cases and the Friends of Kelling provide patients with special amenities.

(h) Joint Report of Chest Physicians

The chest physicians report as follows:

“At first sight with the knowledge that modern drug treatment should rarely fail the annual number of deaths in England and Wales of around 2,000 is disturbing, but the mortality figure has not been accepted at its face value and the Research Committee of the British Thoracic and Tuberculosis Association recently investigated over a period of three months, deaths which were certified as caused by the disease. It was found in 40% that tuberculosis as a cause was quite unrelated and in a further 30% whilst tuberculosis was a factor the actual disease process had been rendered inactive, death having ensued as a result of respiratory or cardiac failure. Active tuberculosis was held to be responsible in the remaining 30%. This is reassuring, but whilst tuberculosis

has lost its place as a major disease in this country it remains an important problem in the world outside and with more rapid transport facilities and the increase in immigration there is no ground for complacency.

The major decline over the past fifteen years has possibly led in the more developed countries to a too optimistic view that we are within sight of its eradication, but its less frequent occurrence and its presentation in more unusual forms leads to the dangers of delay in diagnosis. In this country tuberculosis is now found mainly in elderly men and in young immigrants. In the elderly it is mainly the result of past infection, possibly many years previously and is often slow and insidious in onset, but in the immigrant where resistance is low in comparison with the indigenous population it frequently develops rapidly and runs an active course.

The fact that the pattern of the disease has changed makes it necessary to make a fresh assessment of the methods necessary for its control. Mass radiography in its true meaning as a method of rapid X-ray examination of a large number of mainly symptom-free patients is no longer economic and has largely been discontinued in favour of the extension of radiographic facilities to patients referred by their General Practitioner, which is a valued extension of the facilities available to the family doctor. In the next decade reappraisal of the value of B.C.G. vaccination will be necessary. The recent report of the Medical Research Council based on a controlled trial initiated twenty-two years ago shows an annual incidence of 0.28 per 1,000 in those vaccinated compared with 1.28 per 1,000 among the non-vaccinated tuberculin negative children. The value of the vaccine as a method of protection at least in this country has been clearly demonstrated and with the falling incidence of tuberculosis since the B.C.G. trial was started as shown by the steady decline in the tuberculin index, a case may soon be made for vaccination to be confined to those at special risk namely contacts and hospital workers. Meanwhile, control should continue to be concentrated upon the approved methods of the past."

Health Education

The resources of the health education section have again been fully stretched in meeting the demands placed upon it during the year. The time available for any special programmes, campaigns or exhibitions has therefore been limited. However, it was possible to organise some special anti-smoking activities including the first anti-smoking clinic in the county. In addition we were able to help in the Norfolk Accident Rescue Service publicity campaign. For the first time also health education films were shown to children on a full size cinema screen at a Children's Film Federation 21st Anniversary celebration.

An increasing amount of visual aid equipment is now available on loan to all professional staff engaged in the promotion of health. A catalogue of the equipment compiled by the health education officer has been widely distributed to all medical and nursing staff and secondary school head teachers.

An innovation during the year was the inclusion of a special session on health education in the syllabus of the vocational training scheme for general practitioners and it is now policy to include this session during the week the trainees spend at County Hall.

On the 24th May, arrangements were made for the senior medical officer, health education officer and a health visitor attached to a vocational training practice to visit the West Norfolk and King's Lynn General Hospital to lecture and show films to trainee general practitioners on various health education subjects with a view to promoting an increasing interest in health education in the general practitioners of the future. Subsequently two individual trainees had a similar session during their visits to County Hall as part of their general programme.

It is important to ensure that the medical profession in general is not isolated from the field of health education and many feel that certain aspects can only be fully effective with the active co-operation and participation of general medical practitioners. The training scheme affords an opportunity to encourage such an interest.

It is pleasing to note that the three district health education committees have been more active during the year. The health education officer represents the health department on these committees and every effort is made to assist them in their activities.

The practice continues of sending specimens of new posters and leaflets to all health visitors who can order further supplies of those they wish to use. Certain leaflets and posters are also distributed for display in general practitioners' waiting rooms to ensure wider publicity on particular subjects.

The following summarises the main activities during the year:

(a) **Campaigns**

(i) *Anti-smoking*

Continuing the anti-smoking campaign from the previous year, every general practitioner in Norfolk and every health visitor received a poster and sample leaflet regarding smoking during pregnancy.

On the 23rd March, Mr. Lionel Acton-Hubbard, health educator from the British Temperance Society, visited Cromer to give a lecture on the dangers of smoking to the nursing staff at Cromer General Hospital.

Following this, in November, the health department, in conjunction with the British Temperance Society ran an anti-smoking clinic from the 13th to the 16th November. Twenty-two people (sixteen men and six women) attended the course which lasted for four consecutive evenings. A number of films were shown including 'Beyond Reasonable Doubt', part of which dealt with smoking and pregnancy and 'One in Twenty Thousand' which showed part of a lung cancer operation. Smokers were given leaflets and control booklets and advised on diet and general health education to help them combat the smoking habit.

On the 5th December, a reunion was held for the anti-smokers and eighteen out of the twenty-two members attended. All but a few said they had combatted the smoking problem and those that had failed were still convinced of the health dangers of smoking and were willing to try again to conquer it.

During the week of the anti-smoking clinic, the lecturers spoke to pupils at five secondary schools in the Cromer area.

(ii) *Dental Health*

The campaign to distribute school dental hygiene kits to five-year-olds at their first dental health inspection continued during 1972 when a further 1,440 kits were purchased. A total of 8,000 kits have now been distributed to the children by the school dental officers.

(b) **Exhibitions**

(i) *Norfolk Accident Rescue Service*

In February, the health education officer put on a display for the Norfolk Accident Rescue Service, the aim being to raise funds to supply doctors with medical aid boxes. The exhibition was held in the foyer of the Theatre Royal, Norwich, prior to a special charity performance to raise money for this emergency equipment.

The exhibition has since been used in various other places in the county for the same purpose.

(ii) *Regional Ambulance Competition*

This was held in County Hall on the 8th July. The health education officer displayed two stands on the work of the ambulance service.

Continuous films on safety education and first aid were shown throughout the afternoon and attracted a large audience.

(iii) *Children's Film Federation*

On the 28th October, the health education officer in association with other organisations, put on a 'safety display' in the cinema in East Dereham, to celebrate the Children's Film Federation's 21st Anniversary. As well as the static exhibition, four of the health department's safety films were shown. These were especially interesting to watch as normally 16 mm films are not projected to cinema screen size. The films shown were 'Water Safety Award', 'Dangerous Playground' (Farm safety), 'Living with Electricity' and a Walt Disney humorous cartoon entitled 'How to have an accident in the home'. The day proved to be a great success.

(c) **Conferences and Courses**

During the year the health education officer attended a conference in London and the Health Education Council Seminar at York.

The conference 'Health Education in the New Environmental Authorities', organised by the Royal Society of Health, was held at the Central Hall, Westminster, on the 7th December.

The seminar for health education officers was held at the University of York, from 10th to 14th April. The course, entitled 'Approaches to Sex Education', covered many aspects of the subject including learning and teaching, getting on with people, learning through drama, working with children aged 5 to 11 years and the audio visual approach to contraceptive education. Much time was also given to discussion and working groups.

(d) **Visual Aid Equipment**

At the end of the year, ninety-four different filmstrips and thirty-eight 16 mm films were available as well as film loops, tapes and a large selection of slides. Fourteen new films were purchased during the year but as the demand for 16 mm films has increased, it is hoped that a further sound projector can be purchased next year. We already have four projectors, two at headquarters and two at local health offices.

The majority of visual aid equipment is kept at County Hall but because of the wide area covered, certain equipment such as filmstrip/slide projectors and carousel projectors are also kept at the local health offices for the use of health visitors and other professional staff. During the year one new filmstrip/slide projector and a zoom lens for the Bell and Howell sound projector were purchased. This lens gives flexibility of projection in large or small rooms.

Other items of equipment purchased during the year included a new type safety medicine cabinet for demonstration purposes to supplement talks on home safety and vulcanised fibre transit boxes for 16 mm films.

(e) **District Health Education Committees**

The Depwade, Forehoe and Henstead and Loddon Rural District Councils each have health education committees on which the health education officer represents the County Council.

On the 7th February, the Forehoe and Henstead committee sent a circular letter to all parish councils, organisations and societies within its area drawing attention to the formation of the committee and offering health education lectures and films to interested groups. On the 15th August, a similar letter was sent from the Depwade committee. Many requests for lectures were passed to the health department where arrangements were made for the provision of speakers with special knowledge of the subjects.

Wayland Accident Prevention Committee, with responsibility for road and water safety, continues to meet regularly, the health education officer playing an active part. Two successful film evenings were arranged by the committee, one in Attleborough and the other in Watton at which films covering many aspects of safety were shown to audiences mainly composed of children.

The Sheringham Urban District Council has a safety first committee and Walsingham Rural and Wells Urban District Councils have a joint safety committee dealing with home, road and water safety. Accident prevention committees or committees covering aspects of health education are to be encouraged as they bring additional resources into a field of activity which needs all the help it can get. It is hoped that on reorganisation in 1974 these committees in one form or another will still be able to function.

(f) Health Education in Schools

There is increasing evidence of greater activity within the schools. This is reflected in the significant increase in the number of health education sessions undertaken both by health visitors and the health education officer. There was also a larger number of requests for talks by medical officers. There can be no doubt, however, that these figures only represent a fraction of the work done and much of the education for healthy living is undertaken by teachers themselves within the school curriculum.

At the end of the year, the department was represented by the senior medical officer on a small committee formed by the chief education officer to consider arrangements for the further promotion of education in personal relationships at schools.

As previously stated the services of the British Temperance Society were enlisted for one week in November to conduct anti-smoking campaigns in the following schools with the assistance of the health education officer: Cromer Secondary, North Walsham Secondary, Sheringham Secondary, Sutherland House School for Girls, Cromer.

Health visitors ran general health education and mothercraft courses in a number of junior and secondary schools. These courses are time consuming, varying from a few weeks to one or two terms but medical and nursing staff are pleased to contribute their professional expertise to school health education programmes as far as they can.

(g) Health Education to Adult Groups

A number of lectures were given throughout the year to adult groups such as young wives, women's institutes, over sixties and young farmers. Various subjects were covered including prevention of accidents, diet and nutrition, child care, dental health, drug addiction, cancer prevention (especially smoking) and the general work of the health department. Requests for some of these lectures arose as a result of the activity of the district health education committees. The most popular subjects were the prevention of accidents, diet and nutrition, and drug addiction.

(h) Statistics

The number of sessions of health education (including mothercraft) undertaken by health visitors during the year was as follows:

At doctors' surgeries	119
At child health clinics	695
Resuscitation instruction at child health clinics				9
At schools	142
In hospitals	47
Other	629
Total	<u>1,641</u>

The total number of health education sessions undertaken by the health education officer personally during the year was as follows (1971 figures in brackets):

Lectures to schools and adult groups	37	(24)
Assisted film shows and lectures	14	(9)
Health education committees and other meetings	..			17	(22)
Total	68	(55)

A considerable amount of health education is given on an informal basis through personal contact in the home which it is not possible to record statistically.

Venereal Disease

Liaison is maintained with the physicians in charge of treatment centres in the county to facilitate contact tracing and, although individual clinics have their own follow up arrangements, problem cases are referred for investigation by the area nursing officers. Requests to trace and interview contacts are also received from time to time from clinics outside the county.

Returns from the Norwich, King’s Lynn, Great Yarmouth and Lowestoft treatment centres relating to the attendance during the year of new Norfolk cases were as follows (1971 figures in brackets):

Syphilis	2	(4)
Gonorrhoea	94	(91)
Other conditions	821	(671)
							917	(766)

Dr. D. W. Higson, the physician in charge of the treatment centre at the Norfolk and Norwich Hospital, has kindly provided the following report for 1972:

“New cases recorded in the department numbered 1,516 compared with 1,391 in 1971. Syphilis and gonorrhoea accounted for 109 compared with 149 in 1971 and 131 in 1970.

The Department of Health and Social Security returns for England show that cases of early infectious syphilis remain static and that cases of gonorrhoea have fallen slightly for the first time for six years.

Syphilis

Four cases of latent syphilis were treated, three resident in Norwich and one in Norfolk.

One case of late congenital syphilis resident in Norwich was treated.

Gonorrhoea

New cases decreased from 143 to 104. Male cases accounted for 60 (88) and female 44 (55).

TABLE 1. NEW CASES OF GONORRHOEA

1972				1971			
Age			Male	Female	Male		Female
Under 16	—	—	1		1
16-17	2	3	1		7
18-19	6	6	7		12
20-24	19	20	37		19
25 and over	33	15	42		16
			—	—	—		—
Total	60	44	88		55
			—	—	—		—

The 15-19 age group in males was 13 % (10 %) and in females 20 % (36 %) of the total male and female cases.

Male homosexuals accounted for 3 of the 60 cases.

TABLE 2. RESIDENCE OF NEW CASES OF GONORRHOEA

Age	Norwich		Norfolk (including Great Yarmouth)		Suffolk (including Lowestoft)	
	Male	Female	Male	Female	Male	Female
Under 16	—	—	—	—	—	—
16-17	—	—	2	2	—	1
18-19	2	1	4	5	—	—
20-24	11	12	8	8	—	—
25 and over	17	11	15	3	1	1
Total	30	24	29	18	1	2

Of the male patients 55% (71%) contracted their infection in this area.

TABLE 3. NEW CASES OF OTHER GENITAL INFECTIONS

	1972	1971
Non-specific genital infection	292	208
Trichomoniasis	92	92
Candidiasis	118	131
Pediculosis pubis	53	55
Genital warts	120	100

Screening tests were negative in 591 patients (541); of these 353 were male and 238 female.”

Provision of Nursing Equipment

The Norfolk Branch of the British Red Cross Society and the St. John Ambulance Brigade continued to issue nursing and sick room equipment from their medical loan depots throughout the year under the agency arrangements. Items supplied to patients in their own homes on free loan included wheel-chairs, commodes, bed rests, bed tables, bedpans, air rings, crutches and walking aids, the County Council paying rental charges. Larger items of equipment such as patient-lifting hoists, hospital beds and specialised apparatus, are similarly provided directly from the health department at County Hall.

The demand for disposable incontinence pads again increased during 1972 and 162,400 were supplied for distribution by nursing staff, compared with 155,900 in 1971. 985 sets of waterproof clothing were also provided together with supplies of disposable linings.

Home Dialysis

The assessment of patients’ suitability for home dialysis and the allocation of kidney machines is the function of the hospital authority, who also supply and maintain the apparatus. However, special facilities must be provided at a patient’s home before the machine can be installed and the County Council is called upon to assist by either making extensive adaptations to an existing room in the house, building an extension or supplying a purpose built Portakabin to house the machine and provide the necessary sleeping accommodation for the patient.

Although the number of machines being supplied for home dialysis is still comparatively small, the referral of cases has steadily increased since the first installation in the county in January, 1968, and during 1972 four patients were assisted bringing the total to eight by the end of the year. One of the new cases was supplied with a Portakabin and adaptations to premises were undertaken in the other three. It is sad to record that two of these patients died before they could derive any real benefit from the increased freedom of dialysis at home rather than journeying to Cambridge two or three times a week.

The invaluable assistance of the County Architect's staff in arranging, as a matter of urgency, for the complex adaptations to be carried out, is gratefully acknowledged. Electricity cuts and voltage reductions during the power crisis at the beginning of the year presented problems in one case and thanks are again due to the Architect's Department for their prompt action in supplying a standby generator.

Recuperative Convalescence

The Council arranged for the attendance of eleven persons at voluntary convalescent homes, on the recommendation of family doctors, paying maintenance charges in necessitous cases.

The Marie Curie Memorial Foundation

Grants totalling £610 were made under the Foundation's area welfare scheme and forty-eight patients were assisted, thirty-nine of these being provided with electrically operated 'ripple' mattresses specially hired for their use.

Chiropody

At the end of 1971 the Health Committee had approved the appointment of a chief chiropodist to provide professional oversight of the service and one of the existing senior chiropodists, Mr. C. Fleming, was promoted to this post in April. An additional post of senior chiropodist had also been approved with effect from 1st April, and the two vacancies were duly advertised. As in previous years, recruitment proved difficult but Mr. J. Westlake was subsequently appointed in August and Mrs. G. Dole in December, thus completing the full establishment of one chief and eight senior chiropodists.

In the meantime the demand for treatment continued to increase. The situation was aggravated by the reduction of sessions available from private chiropodists, resulting in the need to divert County Council staff from domiciliary treatments causing a further build-up of the domiciliary waiting list.

It became obvious by the middle of the year that even when the two vacant whole-time posts were filled it would not be possible to meet the escalating demand and in September the Health Committee approved phased appointments of six additional whole-time chiropodists during the financial year 1973-74.

The standard contribution by patients of 25p per treatment was reviewed in August following national awards affecting the salaries of whole-time staff and fees paid to private chiropodists but it was decided to continue at the same rate despite the resulting substantial increase in the cost of running the service.

At the end of the year the health department took over from the Old People's Welfare Association clerical work connected with the old people's club schemes. This had been retained when overall responsibility for the provision of chiropody services was assumed by the health committee in April, 1971. The individual clubs, however, continued to provide accommodation for clinics and to make local arrangements for patients to attend. The voluntary assistance provided by the clubs in running these schemes is gratefully acknowledged.

Details of treatments undertaken during the year are given below (1971 figures in brackets):

	<i>Cases treated</i>		<i>Treatment given</i>	
Domiciliary	4,185	(4,168)	12,863	(12,752)
Old People's Club Schemes	6,069	(5,746)	37,017	(34,798)
County Homes for the Elderly	1,020	(1,018)	4,506	(4,494)
Totals	11,274	(10,932)	54,386	(52,044)

One of the whole-time senior chiropodists attended the five-day post-graduate course at the London Foot Hospital in July and in September the chief chiropodist attended a four-day management course at Oxford organised by the Association of Chief Chiropody Officers.

Cervical Cytology

1972 was the first full year of the scheme whereby all women of thirty-five years or over, whose previous test five years ago proved negative, are sent a routine recall for examination. The standard national form for reporting test results to the Central Registry was not, however, brought into operation in Norfolk until some time after 1967 and consequently the only cases referred from the Registry in 1972 were patients who had had the original test carried out elsewhere. However, local hospitals from their own records prepared lists of women due for recall. The agreed procedure for dealing with recalls is as follows:

1. On receipt of the recall form from the Central Registry or the local hospital, the Executive Council writes to the family doctor on whose list the patient appears.
2. If the family doctor wishes to undertake the recall of his own patient, or feels that postponement or cancellation is desirable, he returns the letter with completed slip to the Executive Council within fourteen days. All further action in relation to follow up, etc., then becomes his responsibility.
3. If no reply is received within fourteen days the Executive Council passes the record to the local health authority who then writes to the patient inviting her to make arrangements for a further test.
4. When the family doctor recommends postponement of recall the national register brings forward the record again in six months.
5. If the health department does not receive a copy of the test report form within three months confirming that the patient has had a repeat test, an approach is made to the patient by the health visitor to encourage her to have the test. No further action is taken.

676 women were sent reminders by the health department during the year and ninety-eight of these replied that they had had a repeat test since 1967. A further ten reported that they no longer required a test for medical reasons. Approximately 40% of all cases referred were recalled by their own doctors and no local authority action was necessary.

14,219 reports were received of primary and recall tests carried out on Norfolk women during 1972.

Fluoridation of Water Supplies

Up to the end of 1972 the County Council had not agreed to the making of arrangements with water undertakers for the fluoridation of water supplies.

XII. INFECTIOUS DISEASES

The annual notifications of infectious disease are set out in Table 3 showing the distribution throughout the areas of the municipal boroughs, urban and rural district councils.

Measles cases climbed to a total almost double the low level of last year and approached the 1962 level of incidence. While this is a disappointing setback to hopes of the vaccination scheme achieving a dramatic degree of control at an early date, it must serve as a spur to increased efforts to persuade parents of unprotected children susceptible to the disease to accept vaccination.

Whooping cough cases declined from a very high level in 1971 to a figure of fifty-two which is more characteristic in recent years.

Notifications of infective jaundice have declined slightly whilst dysentery cases notified are numbered in a single figure for the first time. Both of these diseases tend to be under-reported, sometimes to a considerable degree where in mild attacks the family doctor may not be consulted. Similar remarks can be applied to the incidence and pattern of recording food poisoning, another disease where the responsibility for prevention remains with the individual regularly to wash hands before handling food and after using the toilet.

It is pleasant to be able to report the continuing absence of any cases of diphtheria or poliomyelitis as a reminder of successful vaccination policy which is being maintained.

XIII. ENVIRONMENTAL HYGIENE

Water Supplies and Sewerage

The County Public Health Engineer has supplied the following information:

(a) Water Supplies

During the year contributions were allocated by the County Council for the following schemes:

District Council/Water Authority	Scheme	Estimated Capital Cost
Smallburgh	The Grove, Upper Street, Horn- ing	£480
City and County of Norwich Water Department . .	Extension to Boundary Lane, Postwick	£1,157
	Extension to Witton Corner, Postwick	£2,731

New schemes, extensions and revised schemes examined by the Water Supplies and Sewerage Sub-Committee during the year were:

Water Authority	Scheme
City and County of Norwich Water Department . .	Cropton Hall, Heydon to Red Pits, Wood Dalling Stalham Road, Ashmanhaugh Brick Kiln Road, Hevingham Church Lane, Swannington Back Lane/Vicarage Lane, Buxton Holt Road area, Felthorpe Holl Lane, Billingford Heath Road, Hockering Hall Lane, Mattishall Brickworks Cottage, Rockland St. Mary

NOTIFICATION OF INFECTIOUS AND OTHER DISEASES

TABLE 3

Disease	Number of cases notified																								Totals			
	Municipal boroughs		Urban districts										Rural districts															
	King's Lynn	Thetford	Cromer	East Dereham	Diss	Downham Market	Hunstanton	North Walsham	Sheringham	Swaffham	Wells-next-the-Sea	Wymondham	Blofield and Flegg	Depwade	Docking	Downham	Erpingham	Forehoe and Henstead	Freebridge Lynn	Loddon	Marshland	Mitford and Launditch	St. Faith's and Aylsham	Smallburgh		Swaffham	Walsingham	Wayland
Measles	33	6	—	17	10	6	4	7	1	2	9	73	90	39	20	7	26	80	41	32	122	99	207	12	4	108	103	1,158
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	2	—	—	—	—	1	—	1	—	—	7
Scarlet fever	1	—	—	3	2	—	1	—	—	—	—	3	2	1	2	5	2	8	1	4	2	1	4	—	3	4	10	59
Whooping cough	—	4	—	20	2	—	2	—	—	—	—	2	2	—	—	—	3	—	—	8	—	4	—	1	—	—	4	52
Infective jaundice	1	3	—	—	1	—	1	—	—	—	—	—	8	1	1	1	1	2	—	5	5	1	4	2	—	—	1	38
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tetanus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Acute meningitis	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	3
Acute encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1
Ophthalmia neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Leptospirosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Paratyphoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food poisoning	—	1	—	3	—	—	—	—	—	—	—	3	3	1	—	2	—	5	2	2	—	—	7	4	—	2	2	37
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhus fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Relapsing fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Yellow fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Anthrax	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
*Chicken pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	35	14	—	44	15	6	8	7	1	2	9	81	110	42	24	15	32	98	44	52	129	105	224	20	8	114	121	1,360

* Chicken pox is notifiable only by Cromer U.D.C.

Water Authority	Scheme
City and County of Norwich Water Department (cont.)	Little Hautbois, Coltishall Low Common, Reedham Whitwell Common, Reepham Heath Farm, Mattishall Skeyton Corner Lady Lane, Hainford
North West Norfolk Water Board	Wellingham village supply
South Norfolk Water Board	Langmere Lodge, Brettenham Green Lane, Mundford Tithe Barn Cottages, Wicklewood Mattishall Road, Garvestone Cheneys Lane, Tacolneston Minor extensions to rural areas

(b) Sewerage and Sewage Disposal

During the year the County Council allocated contributions to District Councils for the following schemes:

District Council	Scheme	Estimated Capital Cost
Blofield and Flegg	Coastal parishes	£1,128,370
	Lingwood and Strumpshaw	£424,270
	N.E. Thorpe	£19,750
Depwade	Harleston (West) surface water	£36,000
	Roydon extensions	£81,000
	Tasburgh and Hapton	£128,342
	Wacton, Moulton, Aslacton	£117,000
Diss	Fair Green	£69,000
Docking	Dersingham area surface water	£26,379
	Heacham flooding relief	£25,780
	North Eastern parishes—Stage I	£656,704
Downham Rural	Wiggenhall area—Stage I	£475,609
Erpingham	Bodham and High Kelling	£61,600
	Mundesley sewage disposal	£769
	West Beckham	£123,603
Freebridge Lynn	North and South Wootton	£249,361
King's Lynn	Phases I and II	£1,208,896
Loddon	Ditchingham dam	£18,500
Mitford and Launditch	River Tat (incorporating Guist, Bintree and Twyford)	£97,621
St. Faith's and Aylsham	Catton, parts of Hellesdon and Sprowston	£207,781
	Catton, parts of Hellesdon and Sprowston (House connec- tions)	£16,978
	Central parishes—Phase II, Stage I (incorporating Spix- worth, Horsham and Newton St. Faith's)	£342,500
	Hellesdon—Stages I and II	£197,719
	Rackheath	£161,000

District Council	Scheme			Estimated Capital Cost
Smallburgh	Catfield, Heigham	Ludham, Potter	£1,119,562
	Scottow and Tunstead (Crowgate)		£60,200
	Stalham—Stage II		£221,000
Swaffham Rural	Little Cressingham		£20,650
	Necton, Sporle, Holme Hale		£146,400
	Weeting S.D.W. enlargements		£74,500
Walsingham	Sculthorpe		£79,103
Wayland	Attleborough		£454,286
	Banham		£194,172
	Mill Lane, Great Ellingham		£1,138
Wymondham	Modification works		£9,897
	Sewerage and sewage disposal		£292,000

New schemes, extensions and revised schemes examined by the Water Supplies and Sewerage Sub-Committee during the year were:

District Council	Scheme		
Blofield and Flegg	Broads parishes (incorporating Rollesby, Fleggburgh, Filby and part West Caister) Freethorpe		
Cromer	Sewer extensions		
Depwade	Brockdish Earsham sewage treatment works Long Stratton Roydon, extension Bressingham Common Road		
Docking	Central parishes (incorporating Sedgeford, Docking, Stanhoe, Fring, Bircham Newton and Great Bircham) Heacham and central parishes		
Downham Rural	Area No. 6 (incorporating Boughton, Brookville, Crimplesham, Methwold, Methwold Hythe, Northwold, Stoke Ferry, Wereham, West Dereham, Whittington and Wretton) Wiggenhall Stage II		
Erpingham	Antingham Hillside Road, Beeston Regis Mundesley group and new outfall (incorporating Northern coastal parishes of Smallburgh)		
Freebridge Lynn	Middleton and Blackborough End		
Mitford and Launditch	White Mill (incorporating Wendling, Scarning, Gressenhall, Beetley, Longham)		
North Walsham	Lyngate Road pumphouse and sewer		
St. Faith's and Aylsham	Marsham Rackheath, Stone Hill area extension Sprowston, extension to serve Hotel Eiger		

Sheringham	Extensions to Cromer Road and Nelson Road
	Odour control plant
Smallburgh	Stalham surface water
Walsingham	Great and Little Snoring and Kettlestone Field Dalling
	Great Ryburgh
Wayland	North Lopham, Kenninghall and Quidenham
	Old Buckenham
	Attleborough sewerage and sewage disposal

Milk and Dairies

As in previous years, apart from sampling which may have been carried out by the Ministry of Agriculture, Fisheries and Food in connection with farm registrations, all milk sampling has been carried out by this department together with all necessary pre-licence and routine visits required to ensure adequate arrangements for the storage, handling and distribution of milk. Registration of all milk distributors by the county district councils is still required by the Milk and Dairies (General) Regulations, 1959, and liaison has been maintained with these authorities. Liaison has also been maintained with the Animal Health Division of the Ministry of Agriculture, Fisheries and Food and with those departments of the County Council concerned with milk supplies to establishments in the Council's administration.

Details of the sampling examinations are included in the information given under the following headings:

(a) Specified Area Supervision

At the end of the year six hundred and ninety-one dealers' licences were in force including eight issued to producer/retailers selling milk other than from their own herds and thirty issued to dealers selling 'untreated' milk. Three hundred and fifty-nine licences related to the sale of 'ultra heat treated' milk.

The following table shows the results of the examinations of milk samples taken from shops and retail rounds during the year. The figures for the previous year are shown in brackets:

Test	No. of examinations		Satisfactory		Unsatisfactory		Void	
Methylene Blue (Raw milk)	405	(106)	345	(88)	46	(11)	14	(7)
Methylene Blue (Pasteurised milk)	1,042	(990)	941	(770)	51	(77)	50	(153)
Phosphatase (Pasteurised milk)	1,051	(989)	1,044	(986)	7	(3)	—	(—)
Turbidity (Sterilised milk)	90	(80)	90	(78)	—	(2)	—	(—)
Colony Count (Ultra heat treated milk)	140	(119)	139	(119)	1	(—)	—	(—)
	2,728 (2,284)		2,559 (2,041)		105 (93)		64 (160)	

The sixty-four 'void' samples relate to those which were not examined by the methylene blue test because of the atmospheric shade temperature exceeding 70°F during their period of storage at the laboratory.

The position in relation to methylene blue failures of pasteurised milk samples shows an improvement on that of last year and this may have been in part due to greater care being taken by shopkeepers in following advice given on their storage of milk before sale.

Five hundred and eighty-six samples shown in the above table were submitted from milk processed at pasteurising plants outside the administrative county. Of these sixty-seven failed the methylene blue test and four the phosphatase test. The failures were referred to the appropriate licensing authorities for their necessary investigations and, at one plant, because of a continued unsatisfactory position, joint visits were made with the East Suffolk county public health inspector and a suitable warning was sent to the dairyman.

The percentage of raw milk failures remains approximately the same as that of the previous year and all failures were referred to the Ministry of Agriculture, Fisheries and Food for any necessary investigations at producer/retailer premises.

There are no processing plants in the county for sterilised or ultra heat treated milk.

(b) Pasteurising Plants

During the year three pasteurising plants employing the High Temperature Short Time method and one using the Holder method were operating under licence from the County Council. They were the subject of ninety routine visits by the county public health inspectors and these were augmented as necessary to investigate the causes of complaints and failing samples.

The results of the examinations of samples submitted from the plants are as follows:

Test	No. of Examinations	Satisfactory	Unsatisfactory	Void
Methylene Blue ..	256	217	24	15
Phosphatase ..	259	257	2	—
	<hr/> 515	<hr/> 464	<hr/> 26	<hr/> 15

All failures were investigated and any necessary advice given to the dairymen and plant operators. Particular attention was given to the phosphatase failures and any recommendations made were checked by repeat visits and sampling.

(c) Milk in Schools Scheme

Pasteurised milk only was supplied during the year to those schools within the milk in schools scheme and, with the restricted number now covered by the scheme, the problem of the return of unsatisfactory bottles has decreased and the number of complaints of milk being delivered in dirty or unsatisfactory bottles was minimal during the year.

(d) Brucella Abortus

The quarterly bulk milk sampling of producer/retailer herds for brucellosis examinations was continued by the department during the year and all results were notified to the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food. None proved positive.

Bulk milk samples were also submitted for direct culture and biological examinations at the Norwich public health laboratory from wholesaler supplies to dairies for pasteurisation and four herds were found to be positive. In these cases the farmers were warned by the respective district medical officer

of health to boil the milk before consumption by their families and/or employees. The number of samples submitted from these supplies is considerably less than last year due to the necessity to obtain the samples direct from the farms because of increasing bulk tanker collections. In previous years samples were obtained from churned supplies to the pasteurising plants. Of a total of five hundred and fifty-eight milk samples submitted from wholesaler and producer/retailer herds five hundred and forty-seven proved negative, four were positive and seven examinations were inconclusive due to the premature deaths of the guinea pigs.

Five hundred and six bulk samples were submitted to the Ipswich Public Health Laboratory for ring test examinations. Eighteen, all from wholesaler herds, gave a positive result as shown in the following table:

Ring Test Results		Direct Culture Results		
No. of Samples		+ve	—ve	Not exam.
±	4	—	—	4
+	6	1	1	4
++	4	1	3	—
+++	4	4	—	—

The policy of this department is continued reliance only on biological examination results which show the presence of an active brucella organism before imposing restrictions on the consumption of raw milk.

(e) Antibiotics in Milk

Five hundred and six herd bulk samples were submitted to the Ipswich public health laboratory for examination. Two were found to contain inhibitory substances and advice was given after investigations at the farms.

Food Inspections

Sixty-nine inspections were made by the county public health inspectors at county homes, children’s homes and training centres. In two cases references were made to the Director of Social Services to obtain kitchen cleaning and redecoration improvements under the Food Hygiene Regulations.

Ice Cream

During the year the public health inspectors of nine of the twenty-seven local authorities in the county submitted ninety-two samples of ice cream of which eighty-one were found to be satisfactory on examination. Seventy-eight of the samples related to ice cream produced by the large national manufacturers and five gave a Grade II result and one a Grade IV result. The remainder were satisfactory. Of the fourteen samples submitted from local manufacturers five gave a Grade II result and the remainder were satisfactory with a Grade I result.

Planning Applications

During the year fifty-six planning applications were referred to the department for observations which were given after due investigations on site and, where applicable, with officers of the local authorities.

Refuse Disposal

All but two of the county district councils dispose of household and trade refuse by tipping and while in some cases fully controlled systems were carried out in others this was not possible generally on economic grounds with the resultant hazards of tip fires, rat and fly nuisances and littering of the countryside. Indiscriminate tipping by members of the public at local authority disposal sites, unauthorised sites and at laybys continued to be a source of nuisance during the year.

Household refuse from two county district councils is pulverised at a plant in East Suffolk and one district council operates its own pulverising plant.

Twenty planning applications to dispose of refuse by tipping were considered during the year and in each case it was recommended that the work could be carried out without nuisance subject to fully controlled methods of tipping being employed. Two tips were filled during the year and tipping commenced at three other sites.

Night Soil Disposal

Investigations commenced in the previous year relating to the non-provision of a night soil collection service by one county district council resulted in that authority commencing a service during the year. The Department of the Environment whose complaint was among those which originated the investigations was kept informed of progress made.

Swimming Pools

Information relating to the department's work at school swimming pools is contained in my report as principal school medical officer. The county public health inspectors liaised with officers of county district councils in respect of private pools at holiday camps and caravan sites, etc.

Housing and Sanitary Complaints

During the year the following complaints were received in the department and, where necessary, were referred to the appropriate county district councils for investigation:

Sewerage and sewage disposal	6
Housing complaints	5
Nuisance from refuse tips	2
General complaints..	11

Health Education

During the year the county public health inspectors have continued talks to school meals personnel, hospital staff, school children and other bodies on matters associated with environmental health and food hygiene.

New Housing

The following table shows the number of new permanent dwellings completed during the year and is taken from the local housing statistics issued by the Ministry of Housing and Local Government.

Permanent dwellings completed during 1972

Local Authority Area	Local Authority	Private Owners	Total
MUNICIPAL BOROUGHES			
King's Lynn	47	119	166
Thetford	106	37	143
URBAN DISTRICTS			
Cromer	17	49	66
Diss	1	62	63
Downham Market	—	103	103
East Dereham	9	98	107
Hunstanton	—	32	32
North Walsham	50	67	117
Sheringham	—	52	52
Swaffham	—	49	49
Wells-next-the-Sea	31	15	46
Wymondham	26	133	159
RURAL DISTRICTS			
Blofield and Flegg	41	263	304
Depwade	39	375	414
Docking	10	133	143
Downham	64	101	165
Erpingham	44	122	166
Forehoe and Henstead	74	312	386
Freebridge Lynn	30	170	200
Loddon	22	121	143
Marshland	32	80	112
Mitford and Launditch	12	321	333
St. Faith's and Aylsham	41	374	415
Smallburgh	24	148	172
Swaffham	4	230	234
Walsingham	44	138	182
Wayland	9	228	237
TOTALS	777	3,932	4,709

XIV. MISCELLANEOUS

Registration of Nursing Homes

	Number of Homes	Number of beds provided		
		Maternity	Other	Totals
Homes first registered during year	—	—	—	—
Homes whose registrations were withdrawn during year	—	—	—	—
Homes on the register at end of year	16	4	300	304

The senior medical officer and director of nursing services continued to maintain regular supervision of nursing homes during the year. Every effort was made to encourage the gradual improvements in the standards of service and accommodation, as well as safety, in the homes which continue to provide a valuable service to the community.

Although no registrations were cancelled during the year the number actually appearing on the register was reduced by one. This was due to the fact that adjoining premises which have hitherto been regarded as two separate nursing homes are now completely integrated under one management and it would be illogical for them to be shown as separate establishments.

Laboratory Examinations

The Norwich public health laboratory continued to provide facilities for the examination of specimens submitted by the general medical practitioners for the diagnosis of infectious diseases and for those sent by the County Council's medical staff in connection with prevention and control of infectious diseases and the examination of staff for superannuation and other purposes.

The following samples were submitted by the department's staff and by the public health inspectors of the county district councils:

Water (bacteriological examination)	207
Milk (bulk samples for biological examination)			558
Milk (methylene blue examination)	1,960
Milk (phosphatase examination)	1,571
Milk (turbidity examination)	90
Milk (antibiotics examination—Ipswich laboratory)				506
Milk (ring test examinations—Ipswich laboratory)	506

Samples submitted by county district councils' public health inspectors and water boards:

Ice cream (methylene blue examination)	92
Water (bacteriological examination)	2,138

Other samples, which were submitted by County Council staff, were examined by the public analyst as follows:

Water (nitrate estimation)	20
Other examinations	5

Medical Examinations

The following examinations were carried out by medical staff of the health department:

For superannuation purposes (either physical examinations or clearance of medical questionnaire)	114
Candidates for entry to Norfolk Fire Service	55
Candidates for college of education and entrants to the teaching profession	377
School road crossing patrols (non-superannuable)	64
Fire Service pensioners/over 55's	5
	<hr/> 615 <hr/>

Medical questionnaires in respect of 169 canteen workers were dealt with by area officers and where necessary, chest X-ray and/or physical examinations arranged.

The department was consulted on medical aspects of sixteen County Council employees who were no longer capable of discharging their duties and a certificate of permanent incapacity was issued in each case. The department was also consulted regarding sixty-two cases of prolonged absences of staff through sickness.

The number of applicants for driving licences, whose fitness was in doubt, again increased and 159 cases were referred by the local taxation officer for advice.

The department gave assistance with the medical examination of 103 council employees for heavy goods vehicle drivers' licences.

South Norfolk Water Board requested medical examinations, including carrier tests, for thirteen of their employees.

The health of sixty-three students was investigated on behalf of Norwich City College to ascertain their fitness to undertake National Nursery Examination, Home Management and Family Care and Pre-welfare Courses.

Other authorities were assisted with sixteen medical examinations of prospective employees.

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